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CLINICAL LECTURE

ON

ARTIFICIAL ANUS,

AND ITS CURE WITH THE ENTEROTOME.

BY BARON DUPUYTREN.

With a Case, and an Engraving of the Instrument.

ARTIFICIAL anus, or as it is properly called *anormal* anus, is an opening communicating between some point of the abdominal parietes and any of the contained viscera, by which either the whole or a portion of the fæces is involuntarily discharged. The opening may be either *original*, *artificial*, or *accidental*. In the first case it is an original malformation; in the second, the opening has been formed by the hand of the surgeon, who is sometimes obliged, as a final resource, to adopt this measure for the preservation of life; lastly, accidental anormal anus, with which we shall occupy ourselves at present, is a disease produced after birth, by some accident.

This disgusting malady, always dangerous, and frequently mortal, may be produced by a variety of causes, the chief of which is the accident occasioned when inflammation and gangrene attack an irreducible hernia. In this case, we find, succeeding to the symptoms of strangulation and intense inflammation, a diminution in the strength and quickness of the pulse, the extreme anxiety of the patient is abated, the tumour becomes less sensitive, acquires a livid tint, and at last the contents of the abdomen escape by one or more points, when eschars detach themselves.

Wounds of the intestinal tube are also a frequent cause of artificial anus. When the wounded intestine protrudes, it may form attachments to the edges of the external opening, and thus, by preventing the effusion of fæcal matter into the abdomen, give rise to the accident of which we speak.

When once established, artificial anus becomes not only a source of annoyance and disgust to the patient by the constant and involuntary discharge of the fæcal matter, but also brings with it other consequences of a more grave and dangerous character. The manner in which the intestine is fixed to the parietes of the abdomen always impedes or disturbs the natural functions of the bowel; the contents of the stomach and intestines are discharged at intervals succeeding each other more or less rapidly, and, above all, the diminished extent of surface to which the alimentary matter is exposed, necessarily occasions a diminished absorption, the function of nutrition is disturbed or interrupted, and the wretched sufferer is reduced to the last stage of weakness and inanition.

The phenomena preceding and accompanying artificial anus have been observed from the earliest times of medicine; but it was only very recently that the anatomical dispositions of the disease have been either investigated or understood. We shall therefore enter more freely into this part of the subject.

The external orifice by which the fæcal matter escapes, usually presents the appearance of a round hole, varying in diameter from a few lines to one or two inches. In most cases the edges of this aperture are thick, concave, and continuous with the mucous membrane of the intestine, the points of continuity being marked by a red circle, and the surrounding skin, which is usually puckered, affords marks of irritation or excoriation, produced by the constant efflux of the stercoral matter.

Occasionally we find a different disposition of the orifice. When a portion of intestine, received into a hernial sac, has been attacked by gangrene in different points, it is sometimes covered by a hard red cicatrix, which presents several open-

ings for the discharge of matter, like the spout of a watering-pot. At other times, especially when the artificial anus is the consequence of stercoral abscess, the openings through which the fæces escape are placed at some distance from the original point of communication between the abdomen and intestine; the fistulous tracts are extremely hard, and always lined by a mucous membrane of new formation, continuous from the abdominal wound to the inner surface of the intestine.

The internal anatomical relations of this disease are much more important, as they alone can lead to a correct knowledge of the impediment opposed to a cure, and of the means best adapted to remove it.

The edges of the intestine surrounding the opening are found attached more or less firmly to the parietes of the abdomen. From this point of attachment, two portions of the intestines pass backward into the abdomen, sometimes running parallel, at other times crossing or twisting round one another, or forming by their separation an angle more or less acute, until at length they are lost in the rest of the abdominal tube. When a small portion only of the calibre of the intestine has been destroyed, it seems scarcely to touch the abdominal parietes, and the angle formed by the ends of the intestine passing inwards to gain the uninjured portion of the canal, is very obtuse. Hence the septum produced by the protrusion of the posterior wall of the intestine, exactly opposite the artificial opening, is short, and separated from this orifice by the diameter of the canal, as thus—(*Fig.* 1.)

Fig. 1.

a, The artificial opening in the intestines.

b, The short septum produced by the projection of the posterior wall of the intestine.

Fig. 2.

c c, The ends of the intestine passing into the cavity of the abdomen to be continuous with the tube.

When the loss of substance has been considerable, the angle becomes more acute, and the septum projects so as nearly to touch the level of the abdominal surface. This disposition is still more manifest when the whole calibre of the intestine has been destroyed, or when it has suffered a loss of several inches. In this case the two extremities of the intestine advance parallel with one another, and the projection of the septum is nearly proportionate to the original loss of substance. (*Fig.* 2.)

When we examine the septum from the side of the intestine, it invariably presents a crescentic shape, extending from the concavity to the convexity of the curve which the intestine assumes in consequence of its new-formed adhesions, and terminating gradually either in the parietes of the intestine, or in the bottom of the external wound. The different degrees of projection which this septum presents, explains, in a satisfactory manner, the variations in the quantity of stercoral matter passed by different persons labouring under artificial anus. When the loss of substance is small, and the septum, as we have before remarked, in consequence, projects but little, the upper portion of the intestine is placed nearly on a level with the lower portion, and the passage of fæces is readily effected from one to the other. But when the loss of substance is great, the posterior wall of the intestine projects towards the external opening, acting like a valve upon the lower portion of the intestine, placing a mechanical obstacle to the passage of fæces from the upper to the lower portion of the tube. Hence, in these cases, we seldom find any stools discharged by the natural passage, except, occasionally, some small scybala moistened by the mucous secretion of the large intestines.

This difference of disposition necessarily produces in a certain time changes more or less marked in the two portions of intestine. The superior portion, continually subject to the passage of alimentary or fæcal matter, not only preserves its original form and function, but frequently receives an excess of development and vital energy. The lower portion, on the contrary, cut off from the exercise of its functions, and the influence of its accustomed stimuli, gradually contracts and decays, losing its solidity and muscular development; and after a few years the difference becomes so striking, that the superior part seems to belong to an adult, while the lower portion might well pass for the intestine of a child. We have, however, to remark, that this degeneration of the lower portion of the tube never passes to a state of obliteration. The internal membrane, placed in contact with itself, secretes a whitish, thready matter, which may remain for months or years in the intestine, without alteration. However, M. Begin observed some years ago at Val de Grace, a fact which shows that this obliteration of the anal portion is not altogether impossible. The body of a man, who, for forty years, had been affected with artificial anus, was examined at this hospital. The opening of the lower portion of intestine was completely obliterated,

and the part nearest the artificial anus was reduced, for the space of six or eight inches, to a perfectly solid chord, without any trace of internal cavity.

We have hitherto described artificial anus in its simplest form, without any of those complications which sometimes accompany and render the disease still more formidable.

In many patients, especially after fatiguing exertion, long walks, &c., the mucous membrane of the intestine projects through the opening, as in prolapsus ani, and forms, externally, a red painful swelling. In some cases the eversion of the intestine is so great, that it projects for nine inches, or even more, exhibiting the valvular conniventes, and the peristaltic motion of the bowels. The collection of fluid in this everted portion may be carried to such an extent as to exclude the evacuation of the intestinal matter, and produce all the symptoms and effects of strangulated hernia.

The superior portion of the intestine is usually the seat of these eversions, but sometimes both portions are equally affected; in this case it is easy to distinguish the superior from the inferior orifice, by observing the nature of the excretions furnished by each.

The termination of this disease, when not assisted by art, will vary, as we have said, according to numerous circumstances; we shall only remark here an anatomical disposition calculated to render the natural cure more easy.

When we examine internally the two ends of the intestine, we find them attached by their internal angle to a portion of the mesentery, which passes back from the fixed part of the gut towards the lumbar vertebræ. This chord of mesentery has a constant tendency to draw back the fixed portion of the intestine from the point of the abdomen to which it is attached, and to render it again loose in the cavity; however, this retractive effort of the mesentery may, under the influence of horizontal position, &c., be carried too far; for, in some cases, it has been sufficient to destroy the adherences which united the intestine to the walls of the abdomen, and produce a fatal effusion of stercoral matter in that cavity.

The indications for the treatment of artificial anus are simple and manifest, viz.—

1st. To render the communication between the two portions of intestine so easy, that the fæces may readily, and of their own accord, take this course.

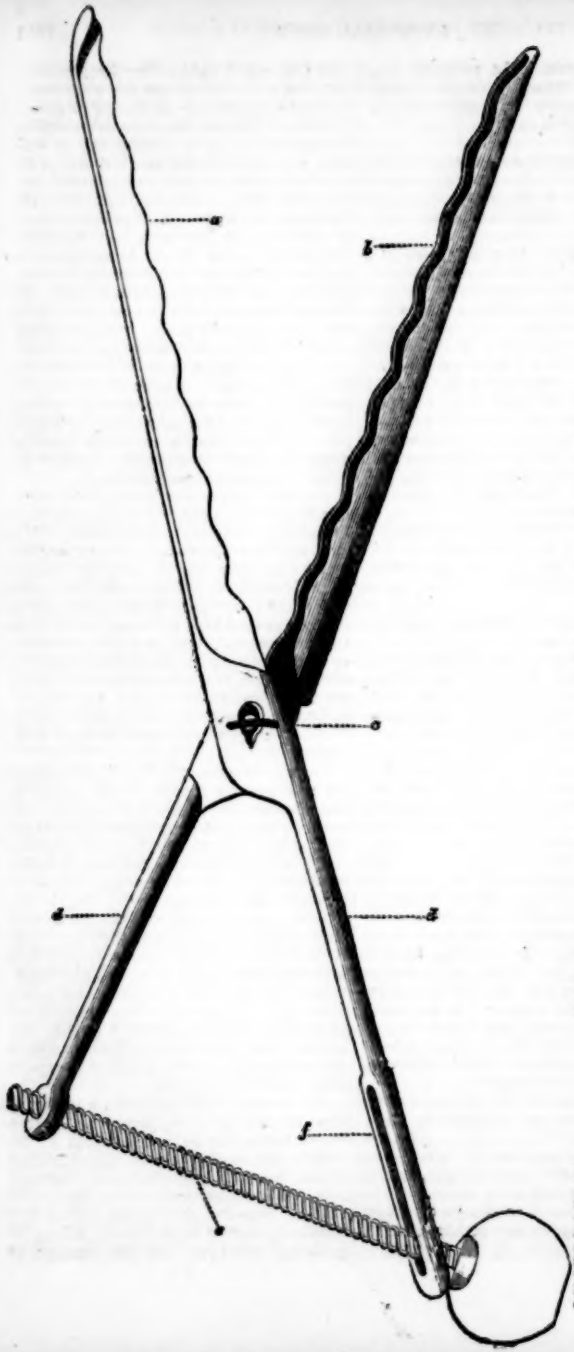
2nd. To effect and encourage by proper means the cicatrization of the external orifice.

In this as well as in other diseases, our first care should be to get rid of any complications which may embarrass or retard the cure. Thus, when the surrounding integuments are painful, inflamed, or callous, we should combat this disposition by emollient fomentations, cataplasms, &c. When the fæces, before they are ultimately discharged, pass these fistulous canals under the integuments, these must be freely laid open, and a direct communication established between the intestine and external wound. But the most pressing and frequent complication is the eversion of the mucous membrane, or, in severe cases, of the intestine itself, through the external opening. Usually it is sufficient to make the patient observe an horizontal position for a few days, occasionally adding gentle pressure on the everted portion of gut. In more difficult cases, the bandage proposed by Dessault must be employed, with every suitable precaution.

When we have thus brought the parts to a favourable state, we may commence the employment of radical means. We shall not now dwell on those proper for slight occasions, where, perhaps, nature herself would have been sufficient to effect a cure, but pass to a consideration of those cases where the intestine has lost the whole of its calibre, or an extent of one or more inches; and where the projection of the septum, joined to the constriction of the lower portion of the gut, opposes an invincible obstacle to the re-establishment of the passage of the fæces through their regular channel.

We should constantly keep in mind, that the sole obstacle consists in the extensive loss of substance which the intestine has suffered, and in the consequent projection of the septum formed by the juxta-position of the walls of the superior and inferior portions. The loss of substance cannot be repaired; how then are we to attack the septum, which chiefly opposes the flux of matter from one portion to the other? It is manifest, that the means which had been generally adopted were quite insufficient to fulfil this indication; for pressure, however judiciously exercised, must always have had the effect of forcing the septum upon the lower orifice, and thus shutting up the passage which the surgeon endeavoured to establish.

Our first attempt to discover a means of cure for the more dangerous and severe cases of this disease, was founded on the well-known readiness with which serous membranes unite when inflamed; we conceived, that by traversing the septum with a needle armed with a waxed thread, the artificial opening thus formed, might be gradually enlarged, and the passage of



a, The waved line formed by the male blade.

b, The hollow in female blade to receive *a*.

c, The articulation and pivot of blades.

d d, The handles of the enterotome.

e, The screw.

f, The slit in the male handles in which the screw ascends as it is tightened.

To the Binder. As the above sketch occupies a longer portion of the page than the usual text of the work, care should be taken, in binding the Nos. into a Volume, that the edges of the Engraving be not cut.

fæces re-established, while adhesive inflammation of the serous lining membrane would prevent any chance of effusion into the abdomen. This operation was first practised in the Hôtel Dieu on the 17th of May 1813. It was unsuccessful, and subsequently abandoned for several reasons. It was extremely difficult to introduce the needle where the septum was of any great extent. Besides, we can easily conceive, that if the two portions of intestine, instead of being placed side by side, like the barrels of a double-barrelled gun, should separate at an obtuse angle, the introduction of the needle might give rise to a fatal effusion into the cavity of the abdomen. Still, relying on the principle of adhesive inflammation between the serous surfaces, we at length hit upon an instrument which might seize a considerable portion of the septum, and, by continued pressure, excite this adhesive inflammation, while it destroyed the portion of the septum seized upon. We might, indeed, fear the extension of the inflammation to the surrounding peritoneum, but reasons derived from analogy and numerous experiments upon living animals, led us to suppose this fear to be unfounded.

The *enterotome*, or instrument suitable to compress and divide the septum which we have described as the chief obstacle to a cure, is composed of three pieces, viz. two handles and a screw. The branches are about seven inches in length. One, the male branch, is formed of a blade four inches long, one-fourth of an inch broad, and half a line thick at its cutting edge, which is undulated. The handle of this blade is from two to three inches long, and is divided by a longitudinal slit, to receive the screw, one-fourth of an inch broad. The female blade is hollowed to receive the undulated edge of the male, and presents an orifice in its handle for the extremity of the screw. The screw is one inch and a half long, passes from one handle to the other, and, when turned, has the effect of closing the blades. The action of this instrument when applied, is readily conceived. It does not act as a cutting instrument, but comprising that portion of the intestine with which it is in contact, produces its mortification and detachment, while the inflammation excited is just sufficient to agglutinate the divided edges, without entailing any dangerous consequence.

We are now to establish some principles relative to the application of the instrument. Our first care should be to discover the two ends of the intestine, to determine their direction, and the precise extent and situation of the septum by which they are divided. The upper orifice is generally found without any difficulty, but it often requires days of patient examination to discover the lower one, closed as it generally is by the contraction of the canal, or concealed in the bottom of the external wound. When the two orifices have been discovered, we may proceed at once to the application of the instrument. The patient being placed on his back, the surgeon takes one of the blades in the right-hand, and conducts it on the index-finger of the other hand into one orifice of the intestine; the depth to which the blade is to be pushed, will vary from one to four inches, according to the extent of the septum to be divided. The second branch is now to be introduced in the same manner, articulated with the former, like a midwifery forceps, and fixed by means of the screw, which is at once to be screwed as tight as possible. We know by experience, that the best way to avoid inflammation, is to destroy the life of the part as quickly as possible. The enterotome, which at first remains firmly fixed in the wound, begins in a few days to get loose, and generally is quite detached on the eighth day, bringing between its branches a portion of substance from four to six inches long, which, by maceration, we recognise as intestine. This destruction of the septum establishes a free communication between the upper and lower portions of the bowel, and it is not rare to see the natural passage of the fæces take place, even before the separation of the instrument. When the enterotome comes away, the external orifice contracts in a very rapid manner, and we only require the cicatrization of the wound to effect a complete cure; but this, unfortunately, is the most difficult part to fulfil; the fæces may have resumed this natural passage, yet we find a small fistulous opening, giving, it is true, little or no inconvenience, but still a source of uneasiness to the patient. We have tried every means in our power to effect the complete obliteration of these fistulous openings, without having obtained the success which was to be desired, and now content ourselves with a pad and compress, retained by a common hernial bandage, leaving nature to effect the obliteration of the fistula, which, in truth, is accompanied by no inconvenience.

During the application of the enterotome, we ought not to forget such means as are generally calculated to favour its action; such as strict diet, rest, fomentations, and frequent clysters. These means are usually sufficient to calm the slight excitement of the pulse and colic pains which are experienced at this time. But if, after the closure of the external orifice,

the patient suddenly experience violent pain in the bowels, accompanied with nausea, vomiting, and other symptoms determined by a retention of fæcal matter, we must have recourse to bleeding and other energetic measures. If these fail, it becomes necessary at once to reopen the cicatrix, and give exit to the contents of the intestinal canal, a proceeding which requires the greatest delicacy and caution.

It now remains to state briefly the results of the operations which have, up to the present time, been performed with the new instrument we have described. Forty-one operations had been practised with the enterotome up to the year 1824—twenty-one by me at the Hôtel Dieu, and in private practice; twenty by various other surgeons. Of these cases 30 had succeeded to strangulated hernia. The remaining fourth were the effect of penetrating wounds of the abdomen. Three patients only have died, one in consequence of stercoral effusion, the others from peritonitis. The remaining 38 exhibited certain slight indispositions during the application of the enterotome, which were readily subdued by appropriate treatment. But all these were not equally restored to a state of health perfectly equal; in nine there continued to exist fistulæ, which required the constant application of a bandage, while 29 were perfectly cured. Within the last few years several other similar operations have been successfully performed.

REPORT OF A CASE.

March 5th, 1833.—M. Dupuytren proceeded this day to operate for artificial anus, with the enterotome. The subject of the operation was a man, about 35 years of age, naturally of good constitution, and healthy. His present disease is the effect of a strangulated hernia. The artificial opening is situate in the right side of the abdomen, about three inches from the anterior superior spine of the ileum, and as many from Poupart's ligament. The wound presents a diameter of an inch and a half, not very deep, with hard edges, but neither complicated with excoriation nor eversion of the gut. The fæces are passed almost exclusively by the unnatural orifice, as the patient has a stool per rectum very rarely, and at long intervals. The first object of the operator was to discover both orifices of the intestine; but this was a matter of considerable difficulty, and it was only on the 3rd of March that M. Dupuytren, after a long exploration, succeeded in introducing the end of a small probe into the lower orifice. The upper one was discovered very readily. A small piece of charpie was introduced into this orifice in order to render the discovery of it more easy at a future time; but this morning, 5th, M. Dupuytren, on making his visit, found that the charpie had unfortunately, by some means or other, been removed, and that he could not succeed in introducing the probe again. After many fruitless efforts, the Baron renounced the attempt, saying, if he could not find the opening when the patient was on the table, he would defer the operation to a future time. Accordingly, when the patient was placed in a suitable position in the amphitheatre, the operater, after some research, conceived that he had discovered both orifices, introduced the branches of the enterotome, and proceeded to close them with the screw; but his sense of feeling convinced him that the branches did not embrace any substance, a fact proved by the ready manner in which the closed enterotome was withdrawn, showing that both branches had been introduced into the superior orifice. At last both ends of the intestine were found, the blades introduced, and a dresser directed to pass a finger along each blade into the intestine, in order to determine with certainty its situation. This method of exploration proved that both branches were introduced into the upper and lower portions of the intestine; the handles were accordingly at once brought into close contact by the screw, and the operator announced, that he felt something soft between the blades, like omentum; the patient seemed to suffer a very slight pain when the blades were screwed home, which was confined exclusively to the compressed point. We should have remarked, that the patient passed no stool per anum for a fortnight before the operation.

March 6th. The patient has experienced some slight pain since yesterday, which was soon removed by the application of a cataplasm to the abdomen. At present he is quite easy; no pain in the head or belly; no inclination to vomit; the instrument, which appears to have been introduced as far as the blades permitted, lies loosely in the wound, supported by a piece of tow on the abdomen. Green liquid fæces pass plentifully through the opening.

8th. The instrument lies unsupported in the wound at the depth of about two and a half inches. The patient has not passed any feculent matter by the rectum, although M. Dupuytren expected he would have had a natural stool two or three days after the operation. No accident of any kind has supervened to disturb the health of the patient or the progress of the cure.

10th. Things continued in this favourable state until the evening of the 10th, when the enterotome came away, bringing in its blades a portion of substance which by maceration was proved to be a portion of intestine.

13th. Since the enterotome came away, the quantity of matter passed by the artificial opening has been diminishing sensibly; yet the patient has passed no stool until this morning. Yesterday evening a laxative glyster was administered, and produced the effect of bringing away about a quarter of a bason of hard fæcal matter in solid round balls, like so many bullets.

For some time previous to the evacuation, he had frequent desire to go to stool, accompanied by slight uneasiness about the lower part of the abdomen, produced, doubtless, by the passage of the fæces into the lower portion of the canal, which was not accustomed to them. No dressing of any kind has been applied to the wound. At present its state seems most favourable. The skin has quite closed round the opening, producing five or six puckered lines, which run for two inches from the abdomen toward the centre of the orifice, looking exactly as if they were produced by so many stitches of thread. The matter which oozes out, is not more than sufficient to stain a few cloths. M. Dupuytren thinks everything going on favourably for a cure. "If," said he, "any violent symptoms, such as pain, or vomiting of stercoral matter, had come on after the separation of the enterotome, I would have endeavoured to re-establish the artificial anus, of course combating at the same time the inflammatory symptoms."

15th. Has had several stools by the natural passage, but they are still costive, and accompanied with slight uneasiness about the abdomen; the discharge by artificial anus continues to diminish; the character of the opening has changed, it no longer presents the puckered lines of which we have spoken, but appears as a longitudinal cicatrix of an inch and a half. The constant uneasiness which the patient used to experience in the right iliac fossa, over the caput cœcum coli, has disappeared. Ordered *moderate diet*, with *occasional glysters*.

26th. From the 15th the orifice of the artificial anus gradually contracted, and the discharge became less until it arrived at that chronic state which M. Dupuytren has described, when the anormal anus almost closed up, yet allowed the passage of a small portion of stercoral matter. In this stage it became necessary to apply some additional means, and M. Dupuytren determined to use graduated pressure, observing that pressure should not be applied too soon after the coming away of the enterotome, for two reasons; 1st, it may readily cause the separation of the recent cicatrix which unites the edges of the gut; 2nd, it may prevent the passage of the fæces from the upper into the lower part of the intestine, if applied before this passage is quite free.

A compress, something like a truss, was accordingly applied, and a dresser directed to sit up with the patient, and watch if it produced any untoward symptoms. Next morning we found that the patient had borne the pressure extremely well, but that a small quantity of fluid fæces escaped under the bandage; it was accordingly readjusted on the 28th, and effectually succeeded in the object aimed at.

It is unnecessary to pursue the details of this case any further; suffice it to say, that we had the satisfaction to see this man discharged from the hospital, in a state which, in comparison to his former one, may be called a perfect cure,—the natural passage of the fæces perfectly restored, and carrying, instead of his artificial anus, a small fistula, which the pressure of the truss almost completely closed. In fact, the matter passed by the fistula was scarcely worth noticing.

ON THE COMPARATIVE MERITS OF ARTIFICIAL AND NATURAL

CLASSIFICATION,

AS APPLIED TO

DISEASES OF THE SKIN.

By JOHN PAGET, M.D.; *formerly President of the Royal Medical Society, Edinburgh.**

(Condensed from the Edinburgh Medical Journal, April, 1833.)

In discussing the relative advantages of various kinds of classification, and their application to diseases of the skin, we cannot avoid referring to natural history. It is, in fact, to natural history that all classification owes its origin. The human mind seems ever to have sought some natural divisions which might afford resting-places for the imagination, and there is scarcely a single observer of nature, from Aristotle to Cuvier, but has attempted to facilitate the study of his favourite science by some species of arrangement. The true principles of classification were for

* This essay was written for a prize proposed by Baron Alibert at the Hospital of St. Louis, August 15th, 1832, and succeeded against several competitors, French, German, and Italian.

ages unknown, and ancient arrangements were often placed on no surer basis than convenience in the disposition of a cabinet, alphabetical order, or geographical relations. It was not till after the revival of literature that any advance was made in natural classification. It was not till Linnæus arose that we had anything really deserving the name of method in natural history. This great genius divided and subdivided, arranged and named, every object with which he was acquainted, in short, laid the foundation of a method in natural history, which has served as the ground-work of all that naturalists have accomplished.

In naming such objects as were hitherto unknown, he applied to them, with peculiar felicity, appellations expressive of some important character,—a rule which it would have been well had his followers been equally rigid in observing. Yet the method proposed by Linnæus is liable to many serious objections. No one, however, was more sensible of its imperfections than its author himself.

Before proceeding further, it may be well to define the signification attached by naturalists to the terms "empirical," "artificial," and "natural" arrangements. By an empirical arrangement, is understood one derived from characters foreign to the objects it comprises, such as an alphabetical arrangement. An artificial method is one derived from characters inherent in the object, but having regard to only one part of its organization. In a natural classification, reference is made to the sum of the most important and constant characters. Bernard de Jussieu was the first who succeeded in submitting any part of nature to the natural method. What Jussieu has done for botany, Cuvier has effected for zoology. Cuvier has not laboured singly in this great field of observation. Lamarck dedicated himself to the *invertebrata*, particularly the lower orders; Latreille to the insects; Blainville to the zoophytes; and Geoffroy St.-Hilaire to the philosophical anatomy of the whole animal kingdom. The light they have thrown on these branches of natural history is great.

Before we can discuss the comparative merits of natural and artificial arrangements of the diseases of the skin, the question must be answered, is a natural method applicable to this subject? That there is not in diseases all that natural order which reigns in the animal or vegetable world, we are ready to allow. But this would lead us to conclude, that there is need of a method by which the relations which do exist may be brought more clearly into view. To decide accurately, however, we must examine minutely the principles on which natural classification is founded, the conditions under which it is applicable, and the extent to which these conditions are fulfilled by the diseases of the skin.

The principles of natural classification must vary according to the subjects to which they are applied. The only one in which they have been laid down with precision is botany. Decandolle has considered the whole theory of natural classification as comprised in the three following divisions.

1. The relative importance which should be attached to organs, as compared with each other.

2. The circumstances which may deceive the observer relatively to the true nature of the organs.

3. The importance which should be attributed to each point of view under which an organ can be considered.

These observations are more or less applicable to almost every subject to which a natural method is adapted. In considering their importance in relation to our present subject, we shall be obliged to break through a rule which naturalists have laid down. A character, it is said, should never be drawn from a function, but from the organ by which that function is effected, except where that function cannot be appreciated. In nosology, it is the diseased function or symptom which must always furnish the character, since we are generally unable to appreciate the organic change by which it is produced. We can see, for instance, the difference between the syphilitic pustule and the eruption of variola; but the peculiar organic modifications on which these varieties depend are probably beyond our apprehension. We shall speak, therefore, indifferently of the relative importance of characters, as of the organs or functions from which they are derived.

The importance of the first of the principles laid down by Decandolle is easily demonstrated. Natural classification frequently depends on the assemblage of characters: but every character does not possess an equal value. On the contrary, a character is important in natural history, only in proportion as the organ from which it is derived is essential to the life of the individual, or the reproduction of the species. Now, as all the organs concerned in these acts are not equally indispensable, it becomes a matter of great interest to determine the relative importance of organs, and the laws by which it should be estimated. The great test applied by Jussieu to estimate the relative importance of a character, was its

constancy. He found the value of a character in methodical arrangement to be in the exact ratio of its constancy.

It would be erroneous to conclude from this, as some have done, that universality is a fair test of importance. The organs of reproduction are common both to plants and animals; and yet, although botany and zoology may be considered only as two branches of the same science, these organs possess a very different relative importance, as to the characters they furnish in the one and in the other. In botany, the organs of reproduction serve for the basis of a system; in zoology, those of assimilation are always preferred. In other sciences, not quite so naturally connected as these, the error becomes still more obvious. In the diseases of the skin we might quote the *Exanthemata* and *Psorodes*, as furnishing striking examples of this observation. In the former, the occurrence of a primary fever, and the succession, at a certain period, of an eruption on the skin, form constant and essential characters. In the latter they would be considered only as incidental and trifling coincidences.

This is, however, of no real weight as an objection to the natural arrangement of diseases of the skin. In reducing diseases, then, to a natural nosological arrangement, we should say, that the characters are important in proportion as they are constant in any one family, and in proportion as the symptoms affect the life of the individual,—as they produce constitutional sympathies,—as they form permanent organic changes, modify treatment, affect the sensations of the patient, and as they regard the causes of the disease.

The second part, or the circumstances which might mislead the observer as to the true nature of the organs, is one of great importance. The circumstances most likely to mislead are principally such as regard the age, sex, temperament, idiosyncrasies, the period of the disease, the treatment to which it has been subjected, &c. To enumerate all the errors which would result from ignorance would be impossible.

Decandolle's third and last division of the theory is not equally essential. We shall venture, therefore, to pass this over. It remains for us to show under what conditions the principles of natural classification are applicable. M. Isidore G. St.-Hilaire has done this for us; for in his recent work, *Histoire des Anomalies de l'Organisation*, he has laid down three propositions, under which he considers all the necessary conditions included. These the author has applied to monstrosities, and they may be made available for any other science. We shall adopt them, then, without hesitation.

1. Those pathological modifications of the dermatic tissue, really meriting the name of diseases of the skin, are subject to certain and precise laws.

2. They are not merely local affections, but are usually attended by certain modifications in other parts of the economy, the one appearing to be the cause of the other, or at least to possess some necessary connexion with it.

3. The same disease of the skin occurs in many individuals, so that there exists not merely an analogy between them, but as positive a similarity as between any two individuals of the same species in the animal or vegetable kingdom.

It remains for us then only to prove that these conditions are fulfilled by the diseases of the skin.

The diseases of the skin, in common with every other disease, obey certain and precise laws. Exceptions to these laws are more frequent than in the other sciences to which natural classification has been applied, but we suspect that many circumstances, considered as exceptions, should rather be attributed to the ignorance of the observer than the error of nature. That the diseases of the skin are not merely local affections, is a circumstance of importance in their reduction to a natural arrangement. The constitutional irritation which accompanies most of the eczemata, the fever which precedes the exanthemata, the morbid changes which give rise to the hæmatodes, and the implication of the whole organization in the cancrodes, the leprodes, and the aischrodes, are striking proofs of this. We must not, however, pass over this fact so slightly, in forming a method in nosology, since the constitutional symptoms form some of the most constant and important characters. In the exanthemata, the febrile movement which precedes the eruption may be said to form the essential characters of the group. In the aischrodes, which are so naturally united, the cutaneous eruption assumes almost every form of which the tissue is capable; but the constitutional causes are the same; the constitutional effects liable to occur from mismanagement are the same; and, for all, the same principles of constitutional treatment appear to be applicable. To the man who despises all arrangement, if it be worth while to notice such an antagonist, this example might be adduced as a striking proof of the practical utility of a natural method.

The third and last proposition, that *the same diseases of the skin are repeated in many individuals*, seems equally capable of de-

monstration. It is true that idiosyncrasies produce changes in the aspect of disease so considerable, that the formation of species is impossible, and that of genera even doubtful. But so in botany, the varieties of climate, situation, soil, and cultivation, effect striking modifications in the structure and form of vegetables, and the tyro in botany is often misled by these varieties. Nay, the master himself may err. We must not be surprised, then, if the physician should be equally liable to mistake.

Having, we trust, said sufficient to prove the propriety of applying the principles of natural classification to the diseases of the skin, we shall compare the merits of the two methods as hitherto applied to this study. In speaking of artificial arrangement, we shall confine our observations entirely to that of Dr. Willan, as we consider it by far the best, and the only one which can for a moment contest the palm with that of M. Alibert. As for the arrangements which divide these diseases into the chronic and acute,—into those of the head and those of the body—into those merely local, and those depending on constitutional causes—all these are equally faulty with that of Willan (as having regard to only one character), and are far more faulty with respect to the selection of that character.

Plenck was the first to propose the division of diseases of the skin according to their external appearance; but to Willan the credit must be given of having reduced the system to a tangible form. Observing the various primitive forms of eruption to which the skin was liable—remarking that that form was in each disease one of the most prominent characters—that it admitted of great closeness of definition, and was easy of determination; the English physician adopted this character, as Linnæus did that of the generative organs of plants, as the basis of his classification. His sole object seems to have been to furnish an index to cutaneous diseases; and he certainly effected this object to a far greater extent than had been previously accomplished. It was a happy selection of character for *his* purpose, and it is not improbable that it will cause to be continued in use the artificial method in diseases of the skin, long after the principles on which it was founded have been shown to be erroneous.

Many, however, as are the advantages possessed by the primitive form of eruption as the character of a system, we cannot close our eyes to the fact, that it is in itself too imperfect and irregular to be safely depended on. We have already said, and we believe it will be generally admitted, that no other single character pervading the whole class is more constant than the one selected by Dr. Willan. If, therefore, we can show that this character is inconstant and inessential, we shall prove, as a necessary consequence, the insufficiency of this, or any other artificial system, for the classification of cutaneous diseases.

In the first place, *the eruption may change its nature and character in the course of its development*. The most common instance of this change is that in which a vesicle, by the augmentation of the inflammation, rendering the base hard and thickened, secretes a white and opaque, instead of a clear and colourless, fluid, and thus becomes a real pustule. This is so common an occurrence, that it must have been observed by, and probably at first perplexed, almost every follower of the English system. The *papula* is not more constant to its original form. Sometimes, though not very frequently, it secretes a small quantity of serum, and assumes the appearance of a vesicle; sometimes it changes its form for that of a scale. Indeed, Bateman expressly observes, that in the three first of Willan's species of *lichen*, the papular form is often lost, and they "occasionally pass into *psoriasis*;"* while in the fourth species, *lichen agrius*, it is considered a distinctive mark—that "it is liable to terminate in a chronic pustular disease, the *impetigo*." The rash or diffuse inflammation of the skin will often, as seen in *erysipelas*, exhibit large *bullæ*, in consequence of the intensity of the inflammation. So frequently indeed does this happen, that it has induced Willan to place this disease among the *bullæ*, though his followers, as MM. Biett, Rayer, and others, have, and certainly more correctly, according to the principles of artificial classification, brought it under their order *exanthemata*. The scale which Willan has considered a primary form of eruption, has been described by others as only a secondary formation. From what we have observed ourselves, we should say that it occurs in both of these ways, and perhaps most frequently primarily, though certainly not exclusively so. The tubercle is a form of eruption but ill defined, and not yet very well understood. Some of the diseases considered to be tubercular by Willan, are now called pustular by many of his followers; so that the form, if not inconstant, is at least exceedingly variable in this order.

* In speaking of the arrangement of Willan, I always make use of his nomenclature. In all other cases that of M. Alibert is preferred.

We shall next proceed to point out some instances in which it is inessential, and cannot be properly applied as a character of classification, since two or more forms of eruption are often observed at the same time, without producing any important modification in the nature of the disease. *Scabies* is the disease in which this circumstance is most frequently observed. I recollect a very well-marked case in the Royal Infirmary of Edinburgh, at the time I occupied the situation of clinical clerk under the late Dr. Duncan, in which, different parts of the body presented, distinctly, at the same time, *papulæ*, pustules, and vesicles. Bateman, in his synopsis, places *scabies* among the pustules, but observes, "this troublesome disease, which, from its affinity with the three orders of eruptive diseases, pustules, vesicles, and papulæ, almost bids defiance to artificial classification, is not characterised in a few words." In the work of MM. Cazenave and Schedel, it is placed among the *vesicles*, while others arrange it as *papular*. From having frequently seen it in the hospitals, both of Dublin and Edinburgh, where it abounds so plentifully, I must confess, that, if obliged to follow an artificial system, I should prefer the latter arrangement; and the strong resemblance which *scabies* bears to *prurigo*, an undoubtedly papular affection, would appear to confirm the opinion.

The genera *eczema* and *impetigo* of Willan, though classed, the one as vesicular, and the other as pustular, so frequently present the two forms of eruption together, that it is in vain to attempt their distinction from this character alone. Bateman himself observes, that *impetigo*, "like *scabies* and *eczema*, varies so much in its phenomena," that it is impossible to reduce it to a strictly artificial arrangement. These imperfections were by no means unknown to the framer of this system. Bateman speaks of them repeatedly, but does not consider them of sufficient importance to prevent the adoption of it, though they occur so frequently as to offer perpetual difficulties to those who rigidly adhere to it.

Another error into which I think Willan and his followers have fallen, is that of having classed *variola* among the pustules. The peculiar eruption by which *variola*, *vaccinia*, and, probably, to a certain extent also *varicella*, are distinguished, is well known to be multilocular, composed of many cells, like the capsules of some plants, and throughout the whole of its history, as well as anatomy, presents many characters by which it is clearly separated from the true pustule. The vulgar, from whom the learned physician may often gather valuable information, have always in England distinguished this form of eruption by the term *pock*, and the diseases exhibiting it by the names small-pock, cow-pock, and chicken or swine-pock. Dr. Macartney, in his "Arrangement of Diseases of the Skin, in Natural Orders and Genera," followed in his lectures in the University of Dublin, has formed an order *varicodes*, or pocks, characterized by the *variæ* or pock, and including *variola*, *vaccinia*, and *varicella*. These diseases, however, present so many important features in common with the rest of the *exanthemata* of Alibert, that a separation, from this character alone, would scarcely be justifiable. The three diseases just mentioned might not improperly be included in a subdivision of the natural group *exanthemata*. But, let us ask, how far does the system of Willan afford an easy means of ascertaining the name of any object it comprises? I commenced the study of diseases of the skin, with the Synopsis of Bateman in my hands; yet, notwithstanding the attention bestowed on it, I could rarely name a case without the aid of more experienced eyes. Nor was my case singular; there are few students, of those who give themselves any trouble about the matter, that cannot complain of similar perplexities. Who has not been deceived by appearances modified by constitution, previous treatment, friction of the clothes, scratching, filth, or innumerable others?

It now remains to be shown, that from the manner in which the genera are arranged by Dr. Willan, the most important symptoms are often neglected, while unessential characters are brought prominently into view: that those diseases most strictly united are often the most widely separated, while those possessing no one essential character in common, are placed in the closest proximity.

The first order of Willan is that of the *papulæ*, including the genera *strophulus*, *lichen*, and *prurigo*. The only inconvenience of much consequence here, is the separation of *prurigo* at such a distance from *scabies*, notwithstanding the many points of resemblance by which they approach.

The next order, the *squamæ*, is not equally free from anomaly. *Ichthyosis*, in many, or rather in all, its important characters, as its complication of all the tissues of the skin, its hereditary descent, its congenital origin, its usual duration for life, the absence of constitutional disorder, and even in its external appearance, is very widely separated from the other genera of this order, as *ptyriasis*, *psoriasis*, or *lepra*. On the other hand, there are some diseases

in this system far removed from the *squamæ*, which, in fact, possess such very near resemblances to them, as to be with the greatest difficulty distinguished from them in their latter stages,—some forms, for instance, of the *eczema*, *impetigo*, and *lichen* of Willan, most of which M. Alibert has included under his very extensive group, *serpigines*. The next order, *exanthemata*, is perhaps one of the very greatest importance, and one in which the artificial system is most glaringly defective. The first, second, and fourth genera, *rubeola*, *scarlatina*, and *roseola*, possess important characters in common (as the antecedent fever, and the regular periods of eruption and termination), and would belong properly to this group in a natural arrangement. The third, however, *urticaria*, is distinguished from them by the causes which produce it, by its irregularity of continuance, and its very trifling importance. To these diseases follow *purpura*,—a very peculiar affection, far removed from all others of this order; and appearing to depend rather on a morbid state of the blood, than on disease of the dermatic* tissue itself. In a very remarkable case which occurred in Edinburgh under the care of Dr. Graham in 1830, and which proved very speedily fatal, precisely the same appearances were observed on several parts of the mucous membrane of the intestinal canal, and, if my memory does not deceive me, on some of the serous membranes also, as on various parts of the surface of the body. For this reason, Dr. Macartney has excluded it altogether from his arrangement, as a disease not proper to the skin, nor at all modified by its location there. Willan closes this order with *erythema*,—a disease possessing no character in common with the others, except a diffused superficial redness on the surface.

Great as are the sins of commission in the order *exanthemata*, those of omission are still greater. They are, however, too manifest to need much illustration. We have but to cast our eye over the natural group of M. Alibert to be at once convinced of the injury inflicted by such arbitrary divisions as those imposed by Willan. To place *variola* in one order, *varicella*, *vaccinia*, and *miliaria*,* in a second, and *rubeola*, *scarlatina*, and others, in a third, is to separate what nature has most closely joined.

The fourth order of Willan is that of the *bullæ*, including *erysipelas*, *pemphigus*, and *pompholyx*. The character which has been chosen to distinguish the first of these diseases is particularly unhappy, as it is only an accidental one, and has not the slightest influence on the progress or termination of the complaint. This, however, can scarcely be received as a fair objection to artificial arrangement, since it is placed, in its present situation, in direct opposition to the principles of the system, according to which it most undoubtedly ought to occupy a place among the *exanthemata* of Willan. *Pemphigus* we need not notice, as Bateman himself considers the disease here described under that name as more than doubtful. *Pompholyx* may therefore be considered to stand next to *erysipelas*; and if the object had been to place those affections in juxtaposition, which in their essential character presented the greatest contrast, it would be difficult to conceive an arrangement by which the intention could be more perfectly accomplished; the one is characterised by severe diffused inflammation, attended with redness, tumour, and pain, preceded or accompanied by fever, and occasionally exhibiting *bullæ*; the other by the "eruption of *bullæ* appearing without any inflammation round them, and without fever."

The order *pustulæ* includes some of the most important of the cutaneous diseases, which, unfortunately, from the confused manner in which they are here thrown together, are very difficult to study and justly appreciate. The first genus is *impetigo*,—a disease which it would be difficult enough to recognise, were we to depend entirely on the form of the eruption, for it has generally lost its pustular form, and acquired that of a scab, before we see it. When thus far advanced, it ordinarily presents precisely the same appearance, goes through the same changes, requires the same mode of cure, is, in fact, at this period, the same disease, as the vesicular eczema. The peculiar local affection produced on the hands and arms of certain persons subject to the frequent contact of irritating substances, as the grocers, bricklayers, bakers, and, we may add, washerwomen, in whom we have seen the disease in a very obstinate form, is particularly remarked by Bateman as being impetiginous in some individuals, and eczematous in others. How arbitrary is the selection of a character so inconstant and so unimportant! In further illustration of the real similarity between these two affections, we may state, that we have remarked that the very same disease, which in our own country we have been accustomed to hear called *impetigo*, receives

* I have adopted the word *Dermoid* (δερμα, δερματος,) from M. Alibert, in preference to the term *Dermoid*, which was first introduced by Bichat, and properly signifies, *like the skin*.

* The *miliaria* we refer to is not the trifling symptomatic disease spoken of by Bateman, but the *miliaria* as formerly described by Hamilton.

in France, from the generality of those physicians who follow Willan's nomenclature, the title of *eczema*.

The next genus in this order is *porrigo*, under which are included all the *tineæ* of former authors. In few of these is the appearance of pustules ever perceptible; and in many, later investigations have distinctly proved the original form of the disease to be exceedingly different, and, as far as we aware, peculiar to the hairy scalp. The age at which the *tineæ* occur, their ordinary spontaneous cure at puberty, certain constitutional states with which they seem to be connected, and the peculiar part of the surface which they commonly and naturally occupy, are characters which separate them very widely from the other affections with which they find themselves in juxtaposition in the arrangement of the English school.

Ecthyma, *variola*, and *scabies*, are the remaining diseases,—classed by Willan in this order;—the first, a pustular eruption, generally symptomatic, and of itself scarcely needing the aid of medicine, is placed by the side of one of the most severe and most fatal of our constitutional affections; and this again, followed by a disease merely local, never dangerous, but perhaps one of the most disagreeable to which man is subject, furnishes evident proofs of the evils of artificial classification when applied to diseases of the skin.

The most striking anomaly in the order *vesiculæ*, is the presence of *varicella*, *vaccinia*, and *miliaria*, in the same order with *herpes*, *rupia*, and *eczema*. The two first, as we have already said, are characterized by the *varix*, and not by either pustule or vesicle. *Varicella*, it is more than probable,—at least the opinion is supported by so high an authority as that of the present professor of pathology and morbid anatomy in the University of Edinburgh,—is no more than a species or variety of *variola*; and if this be true, we have the monstrous anomaly of two species of the same genus placed in different orders. It may be observed also, that other systematists have here, as in other instances, been so forcibly struck by the power of natural affinities, that, unable to resist them, they have placed *vaccinia* by the side of *variola*, neglecting, they confess, the strict observance of the arbitrary character.

In the order tubercles, Willan seems to have united a number of diseases which he found it difficult to place in any other of his divisions. Many of them have since been found to commence in other forms of eruption (*acne*, *sycosis*, &c.), and should of course be placed in other parts of the system; but it shows how injurious must be the tendency of artificial classification, when it could induce a man like Willan from a supposed resemblance in one unimportant character, to place in opposition the *furunculus* and the *elephantiasis*, the *lupus*, and the common wart,—diseases as dissimilar as it is possible for the imagination to picture.

We shall not notice the last order, *maculæ*, except to observe, that it is composed of affections differing as widely in their external characters, as in their anatomical structure.

The foregoing remarks on the classification of Dr. Willan, we have almost entirely confined to the form under which it was published by Dr. Bateman. We must not forget to mention, however, that in other hands it has been modified, and in some respects improved.

In France the system of Willan has been followed by M. Biett of the Hôpital St. Louis, and after him by M. Rayer and by MM. Cazenave and Schedel, as well as by many others. In the two thick volumes of M. Rayer, we have certainly several improvements in the arrangement of the genera (we must except, however, the translation of Zona from the vesicles to the *bullæ*) and many of the anomalies above-mentioned are therefore avoided; but to effect this object, the author has destroyed the simplicity of the English system, for he has rendered it secondary to a kind of natural classification into sections and chapters.

In the work of MM. Cazenave and Schedel, the disposition of Willan's genera is amended, and the classification very properly restricted to the diseases justly called cutaneous. But notwithstanding all these modifications and improvements, the system of Willan still remains, and must ever remain,—imperfect; for the character on which it is founded is neither constant nor essential.

("Method of M. Alibert," *next week*.)

HOT LEG-BATHS.—The effect of hot water to the lower extremities on the general circulation, was strikingly exemplified in the case of an old gentleman subject to attack of violent palpitation, with a feeling of approaching dissolution. I found him one day in one of those paroxysms. It had lasted many hours, and a fatal termination was expected, as the usual remedies had been tried in vain. By the use of a pediluvium as hot as he could bear it, the affection ceased in a few minutes, and he took some nourishment, slept, and arose quite recovered.—*Dr. Graves. Dub. Jour.*

ON THE

DELETERIOUS EFFECTS

PRODUCED BY DRINKING

TEA AND COFFEE

IN

EXCESSIVE QUANTITIES.*

By JOHN COLE, *Esq., London, M.R.C.S.L., &c.*

THOSE of my medical brethren to whom I have occasionally communicated some of the facts which I am about to submit to the Society, have not all of them been unwilling to admit the correctness of my deductions, but certainly a great many appeared to be so.

The almost universal use of tea and coffee as articles of diet, is a sufficient proof that the effects which they generally produce are agreeable, and that they are not followed by any deleterious consequences which are immediately observable. Although this is, for the most part, true, the exceptions are numerous. Some years have now elapsed since my attention was first drawn to the violent effects which they occasionally produce, by several cases, occurring about the same time, which, though characterized by very different symptoms, appeared to be referable to no other adequate cause. I was thence led to inquire into the peculiar symptoms that follow the drinking of coffee, and the different kinds of tea, and the circumstances that favour the development of their deleterious effects. A succession of cases favoured this object, and I found the effects of the black and green teas sufficiently distinct in many particulars, while there were others which were common to all three. As experience, however, has taught me that no practical benefit can result from entering into these minute distinctions, the same treatment being equally successful, whichever agent has produced the mischief, I shall speak only of tea.

The circumstances that seem to favour the production of the deleterious effects of tea, are all such as lower the tone of the constitution from the healthy standard, as fatigue, sickness, loss of blood, &c.

Tea seems also to have the power of reducing the constitution, when taken for a long time in excessive quantity, to that state in which it becomes accessible to its deleterious influence. A longer or shorter time after taking the beverage, from a few minutes to two or three hours, an uncomfortable feeling arises in the stomach; a craving, sinking, emptiness, which soon acquires a degree of intensity that is almost insupportable; the hunger-like gnawing and craving are described as to the last degree painful to bear. The stomach being full, has no effect in preventing its accession; neither does eating relieve it. This is often all that is felt for a long time, but, by degrees, a fluttering, as of a bird, in the left side, is superadded, and a feeling of fulness pervades the chest with breathlessness, and deep and frequent sighing. The fulness is more especially felt about the clavicles and root of the neck.

When black tea, or coffee, has been taken, considerable excitement often ushers in this succession of phenomena; the face becomes flushed, the eyes sparkle with an unusual brilliance, all the earlier effects of intoxication from alcohol are observable; the pulse being full and throbbing, and considerably quickened. If green tea have been taken, the previous excitement is less, or perhaps not at all perceptible; the skin soon becomes pale, the eyes are sunken, the pulse feeble, quick, and fluttering, or slow and weak.

Whichever may have been taken, in the progress of the affection the hands and feet often become cold as marble, and bedewed with a clammy sweat. Efforts to warm them are made in vain, even in the hottest weather; a feeling of coldness and numbness also invades the back part of the head.

The symptoms here enumerated may be considered as strictly diagnostic of the affection; for, whatever others are present, the sinking empty feeling at the stomach, and the fluttering in the side, are never absent. In stating this, I am fully aware that these symptoms are considered as indicative of dyspepsia; but I am persuaded, that it will almost universally be found, that it is only when tea is taken that they are felt at all; and that, if the tea be discontinued, they will speedily disappear, without the aid of medicine; while, if the use of it be persisted in, they will often resist the efficacy of the most skilful treatment.

This is the milder form of the disease (if I may so term it),—the one which is most commonly seen; but occasionally a variety of aggravated symptoms arise. To the coldness and benumbed feeling of the back of the head, there is added formication of the scalp, violent pain in the head, dimness of the sight, unsteadiness in walking, vertigo, and these are accompanied by a feeble fluttering pulse. To

* Read before the "London Medical Society," and debated (see LANCET, No. 501, page 47), April the 1st, 1843.

the feeling of fulness of the chest and about the clavicles, are added, threatening of suffocation, insensibility, and convulsions. The sufferings felt in the stomach are aggravated to violent spasm. The fluttering of the heart becomes pain,—violent palpitation, or enfeebled action, bringing on syncope. I may add here, that the mind does not escape, but partakes of the disorders of the body, as is seen by the temper becoming peevish and irritable, so as to render the sufferer a torment to himself, and all those about him.

Having thus given a general idea of the symptoms which indicate the injurious effects of tea, I shall now detail some cases in illustration, each one of which I wish to be considered as representing a group in which similar symptoms will be observed.

CASE I.

Pain at Stomach, after Eating, and rejection of Food, will be found to be of rather frequent occurrence.

A female servant about 35 years of age, complained of pain after eating, with sinking and emptiness of the stomach, and so great a feeling of faintness, that she was scarcely able to go about. After she had suffered in this way a short time, a fluttering in the left side came on, with a sense of fulness about the clavicles. She generally vomited the meal which she had lately taken. Her bowels were regular, her appetite good; she was in every other respect well. Recognising at once the effects of tea, and desirous of convincing her, as well as myself, that I was correct, I desired her to desist from taking any for the next three days, and to take milk-and-water, or weak ginger tea, in its place, prescribing no medicine. By the third day she had no remnant of her complaint.

Remarks.—This is rather an aggravated form of the affection as it appears most frequently, there being in the greater number of cases neither positive pain of the stomach nor vomiting.

When it attains that degree only, in which neither pain nor vomiting is present, the symptoms are immediately relieved by a glass of spirits, or any other active stimulus, and thus, nine times out of ten, the destructive habit of dram-drinking is acquired. There can hardly be a medical practitioner in London who has not frequently heard the exclamation, "I can't do without a glass of gin about eleven o'clock, I have such a gnawing in my stomach." If the tea had not been taken, the gin would not have been required.

CASE II.

The Effects generally supervene on some Acute Disease, and the Patient cannot always, as this one did, point out the Tea as the cause.

Mrs. R., a married woman, aged 40, without children, generally enjoying good health, although rather disposed to nervous affections, was recovering from a smart attack of catarrhal fever, when, one morning, about half an hour after taking her usual breakfast, consisting of tea and bread-and-butter, she was seized with a great sense of sinking and oppression at the stomach. She was seen in a quarter of an hour from the first seizure. She was tossing about, groaning loudly with every breath, occasionally rubbing her stomach with great violence, and exclaiming that she must die unless speedily relieved. There was no fulness or tenderness on pressure. She described the pain as a dull aching benumbed feel, with an extreme sense of sinking and oppression, which latter it was that alarmed her so much. There was a wild and distressed expression of countenance; the face was much flushed; the pulse was quicker and stronger than it had been in the course of her illness. Her tea (which was black) had been accidentally made stronger than usual, and she had drunk more than she was accustomed to do. The last cup was scarcely swallowed before the sinking came on, and it increased in violence so rapidly, that in half an hour after her drinking it, her distress was extreme. A bladder of hot water to the stomach, and a draught with camphor and ether, quickly brought her relief; but her convalescence was considerably protracted by the increase of the debility attendant on her previous illness.

This was the first case that came under my notice. I was lately called to a woman, the fourth day after child-birth, affected in this way. She had imprudently taken scarcely anything but tea from the time of her delivery. Her alarm from the feeling of suffocation and sinking at stomach was so great, that she summoned me at six o'clock in the morning.

CASE III.

Severe Spasms of the Stomach is another form in which the deleterious effects of Tea are seen.

An unmarried female, about 30 years of age, had for upwards of twelve months suffered from frequent attacks of spasm of the stomach; any slight exertion would suffice to bring on the attack, so that she could scarcely walk out without being seized with it. On the occasion of my being

called to her, the spasm came on as she was walking along the street, so violently, that she became unable to support herself. She was taken up and carried into the shop of a chemist, which was near at hand, where I saw her. She was suffering under the severest form of spasm of the stomach. A considerable time elapsed before she was able to swallow, but at length a tolerably large dose of laudanum and ether was got down, and she became relieved. I then inquired into the history of her complaints, from which I was led to believe that it was solely occasioned by tea. She had the sinking, craving, fluttering, feelings, so often described, and the violent spasms I had witnessed, besides.

No medicine was prescribed, she left off tea; she had no return of the spasms or other feelings for some weeks, when she took a single cup of tea, and had a slight attack almost immediately afterwards. She was in the habit of using green tea, and of drinking it very strong, and a great deal of it.

CASE IV.

The Functions of the Heart are sometimes much disturbed.

Priscilla A., a healthy servant maid, ætat. 30, of spare habit, suffered from a very slight attack of scarlatina simplex, which confined her to her room but two days, so that she was perfectly well in a week. About a fortnight afterwards, she complained that she could not sleep at night for a violent pain on the inside of her arms, above the elbow, which awoke her after she had been asleep about half an hour; she also felt a tightness across the upper part of the chest, which obliged her to sit upright in bed. She was unable to go up-stairs, without experiencing great breathlessness, and palpitation of the heart; her pulse was quick, small, and feeble; her appetite and digestion good; her bowels were regular. She took digitalis and colchicum for a fortnight, without benefit, when the power of tea to affect the heart suggested itself. She was accustomed to drink very largely of green tea of unusual strength. This was now left off, and in three days she lost all complaint.

CASE V.

The Heart was here affected with Pain, accompanied by violent action.

A female servant, 25 years of age, in florid health, drank tea on Sunday afternoon, (August 11th, at her mistress's in Covent Garden), and set off to Deptford. Having missed the coach, she walked the whole distance, five miles, with as much rapidity as she could. She found her friends at tea, which induced her to take it again; but she had not swallowed it long before she was seized with violent palpitation, and considerable pain in the region of the heart, with great breathlessness on the least attempt at walking. She slept very ill through the night from being unable to breathe in a horizontal position.—12th. In the morning, she came to town by the coach. When she was first seen, she walked or rather crept to my house, a distance of about eighty yards, and was so completely breathless when she came in, that it was necessary for her to sit for at least ten minutes before she could speak. The pulsations of the heart were so violent as to be very visible. She complained of considerable pain from its beating, also of great fulness about the clavicles, with a feeling of suffocation. Her pulse was expanded, and beat 120 in a minute.—13th. The sense of suffocation relieved, but the palpitation and pain, and inability to exert herself, were much as before.—14th and 15th. No relief.—16th. The pains less, but the palpitation continued unabated in its violence. It was now discovered, that she had continued to drink tea, night and morning, as before the attack, from some misunderstanding of the directions she had received. She was now directed to take no more, and on the 18th she was free from pain, and the heart had nearly regained its accustomed tranquillity. On the following day she was well.

CASE VI,

In which Syncope was produced by Green Tea.

Mr. M., an author by profession, very robust, and in the prime of life, suffered from an affection of the kidneys. On its being proposed that he should be cupped on the loins, he expressed a strong objection to it, stating, that he was apt to faint after losing blood. However, as I thought the bleeding of importance, he complied, and about twelve ounces of blood were obtained. Not understanding why he should faint long after the abstraction of blood, I requested that I might be sent for if he should do so on the present occasion, and accordingly, in the afternoon, I was summoned. As he lived immediately opposite to me, I was with him without loss of time. I found him lying on a sofa, his lips and countenance bloodless, his skin bathed with a cold, clammy, moisture, and his pulse so slow and feeble as scarcely to be felt. He was but just able to speak. A stimulant, consisting of ammonia and ether, having been administered, he gradually regained his strength, but was not himself the whole evening. He was

cupped about three o'clock, and felt nothing unusual from it; he dined as usual, and was very well till about half an hour after taking his tea, of which he drank a large quantity, made very strong, and of the green kind.

This occurred a second time on his being again cupped, with precisely similar circumstances.

It was ascertained afterwards, that he was formerly very subject to fainting,—at a time when he was engaged as a parliamentary reporter, when he was up the greater part of the night, seldom getting to bed before six or seven o'clock in the morning. He used to rise about noon, and employed himself until the time when it was required for him to go to the House, in reading and writing; with the tea apparatus constantly by his side; and it was not unusual for him to continue drinking very strong green tea for five or six hours together. During the time he pursued this course, it commonly happened two or three times a week that he was found in a state of insensibility on the floor.

CASE VII,

In which sudden attacks of Insensibility occurred after drinking Black Tea.

Mrs. T., aged 35, the mother of several children, had always been very healthy. On making application to me relative to her approaching confinement, she stated, that she had for some time been under the care of the physicians at the dispensary, on account of fits of insensibility, to which she had been subject for some months past. The attacks had come on in the evening, and she had been attended several times by the physicians, for three and four hours at a time, before they could recover her. She had been bled in the arm and cupped repeatedly. A week rarely passed without her being so affected, and she was apprehensive of bad consequences from this complaint at her approaching confinement. I was led to believe that this affection was produced by tea, from its always attacking her in the evening, from its not yielding to the depletory plan of treatment, which would seem to be suggested by the appearances which had been usually observed to attend the effects of black tea, and from its frequent recurrence. She discontinued the use of tea, no medicine was given, and she had no return of the complaint. I should add, that she had for a very long time soon after taking tea, both morning and evening, felt the sinking and craving at the stomach, with the fluttering in the left side.

CASE VIII.

Headach is the next affection that claims notice, according to the arrangement I have adopted.

A man between 40 and 50 years of age, a shopman in a fruit warehouse, had been afflicted for a long time with a severe headach, for which he had been repeatedly bled, and had taken a variety of remedies prescribed by different physicians, without experiencing any relief.

The pain was almost constant, but liable to aggravation about the middle of the day, and in the evening. He had numbness at the back of the head, which extended by degrees over the whole head, with aching and throbbing, an unsteadiness on walking, a sense of sinking and emptiness at the stomach, a fluttering of the heart, and a coldness of the hands and feet at all seasons; the latter symptoms always preceded an increase of the affection of the head.

He was in the habit of drinking coffee two or three times in the course of the morning, and again in the afternoon. He was directed to discontinue the use of coffee, and in a week all the affection of the stomach and heart had ceased, and the pain in the head had become much ameliorated. Valerian was now prescribed in doses of a scruple three times a day, and in ten days he was quite recovered.

CASE IX.

Convulsions occasionally occur.

Mr. S., aged 22, who had enjoyed excellent health up to the present time, was seized with bleeding at the nose; it had troubled him for two or three days, and on the night previous to the attack, he had lost about a pint of blood. About half an hour after breakfast, he was seized with convulsions; I was with him in a few minutes after the attack. The muscles of the limbs were principally affected, the face was flushed, and the pulse was full and quick. The convulsions ceased soon after the taking a stimulant, but he remained weak through that and the following day. On the second day from the attack, he was well enough to walk a considerable distance on business. He returned from his walk just as the family had done drinking tea, and being thirsty, he drank off half a cup of tea that had been left on the table, the first he had taken since the attack. Before a quarter of an hour had well passed, he fell from his chair in convulsions, which were more violent than he had experienced in his former seizure. A repetition of the remedies before found successful soon relieved him.

The tea he had drunk before the first fit, was by accident made much stronger than usual. It was black tea. In the latter instance, a much smaller quantity was required to produce the deleterious influence. This is in perfect accordance with my every-day experience, it being almost always observed, that those who have suffered from the injurious effects of tea in a severe degree, are afterwards made ill by a very small quantity.

I have at this time a lady under my care, who is a devoted slave of the tea-pot, and who is always suffering in a greater or less degree from the bad effects of her favourite beverage. More than once she has had severe cough and bloody expectoration, which have ceased immediately on her leaving off tea.

I abstain from giving cases, of the slighter affection, of which the first case is an aggravated example, from the belief, that after what has been said, there will be no difficulty in recognising them.

Reviewing the facts here offered, it will be seen that the stomach is the first to experience the deleterious influence, as is evidenced by the craving, sinking, empty feeling, with which it is affected; next, the heart is felt to flutter and palpitate; then there seems to come on a difficulty about the large bloodvessels; a fulness is felt about the clavicles. Lastly, the influence extends to the brain, producing insensibility and convulsions; but the heart is the organ whose functions are most constantly and most seriously disturbed.

As regards treatment, but little need be said; it being evident from the cases related, that the most important part of it is the abstaining from the cause. During the paroxysm, stimulants are all in all.

I could extend the number of cases, so as to form a body of evidence, whose force it would be difficult to resist. Those I have brought forward are, I think, sufficient to excite considerable doubt as to the harmless qualities of

"The cups which cheer but not inebriate."

If it be true, as it has been held, that the continued disturbance of the function of an organ, will induce change of structure, what are we to expect from the use of tea twice a day, when it deranges the function of the heart for three or four hours after each time of its being taken? If the answer be, that it may be expected to induce some structural disease, there arises this other question,—May not the greater prevalence of cardiac disease of late years have been considerably influenced by the increased consumption of coffee and tea?

Charlotte Street, Bedford Square.

LONDON MEDICAL SOCIETY.

Monday, May 20th, 1833.

Mr. KINGDON, President.

TOTAL LOSS OF THE HAIR.—ECZEMA RUBRUM.

MR. DIAMOND solicited advice on a case of *porrigo decalvans* in a friend, a gentleman, aged 40, who had lost not only the hair of his head, his eyebrows, whiskers, beard, and the hair in the armpits, but "every little hair he had about him," and was now all over as bald as a billiard ball. He had been shooting, got heated, and felt chilly afterwards. The next day, on passing his hand over his cranium, to his surprise some of the hair loosened, and, advancing his researches, he was quickly stripped of each particular hair from top to bottom, leaving the scalp shining and silvery, as in aged persons. The habits of this gentleman were remarkably temperate. He was not under the influence of mercury, nor had been so for some years. Could any gentleman put him (Mr. D.) in the way of restoring what his friend had lost? Numerous means had been already tried. He had taken him to one of the most eminent practitioners in London, who said he had met with one such case before, but was able to do it no good, and could suggest nothing effectual in the present instance.

Mr. GOSSETT said he had had a female under his care, who presented the same phenomenon. He had occasion to pass a catheter, and on doing so found the pubes totally bald, and then learned that the entire hair of the body had come off after a fever which she suffered three or four years before. He was not requested to treat the patient for this loss, but had he been, he should have used Mr. Wilkinson's ointment, which consisted of equal parts of sulphur, tar, and lard. The hydro-sulphuret of ammonia was also one of the ingredients prescribed in that ointment, but he (Mr. G.) thought that it was not only an unnecessary addition, but one which made an abominable stink in the composition. This ointment he had never known to fail in porrigo decalvans, where used perseveringly. The hair might reappear in a fortnight, and then fall off afresh, when the remedy should again and again be resorted to, and thus, in his hands, it had always been successful.

Mr. CLIFTON thought that the merit of Mr. Wilkinson's ointment was due to the sulphur alone, and that the great majority of such cases might be cured simply with sulphur. He had found a union of sul-

phuric acid and lard, twenty drops to an ounce, as beneficial, or more so, than the sulphur ointment. He had also found equal parts of camphor, rubbed down with spirits of wine, and the unguentum hydrargyri, a very useful combination. In stables, where broken knees were frequent, it was common to apply a mixture of gunpowder and lard, and often with advantage, to the denuded skin. He would take occasion to remark, that gentlemen, the knees of whose horses were broken, would find the common mercurial ointment and camphor a better remedy. In Mr. Diamond's case he doubted, since the skin of the head was of a shining texture, if anything would be of service; though, indeed, it was said of the "macassar oil," that it would convert dealboxes into hairy trunks, and bristle polished walking-sticks.

Dr. WHITING said he had often used the stimulating essential oils, that of cloves for instance, and the citron ointment, with great advantage. If the glands at the root were gone, it was useless to employ any thing, but if they yet remained, the reproduction of the hair only required stimulants. Mr. Diamond should try these on the scalp first, and if successful there he might proceed downwards, though he doubted if hair was of use anywhere else.

The PRESIDENT. Then don't try it on the lower jaw, Sir, lest the beard appear again. (*A laugh, and general rubbing of chins. When the rustling had ceased*)—

Mr. GOSSETT considered that if the essential oils would effect this object, they would soon drive sulphur from the field by the force of their fragrance, but he doubted the power ascribed to them. The "Balm of Columbia," *et hoc genus omne*, were stimulating, but they did not succeed in restoring the fruitfulness of bald scalps.

Dr. WHITING did not mean that the oils were always, but only very often, successful. He had also used the unguent. hydrarg. nitratis, as a stimulant, but not so as to produce inflammation, with repeated success in *porrigo decalvans*.

Mr. GOSSETT. As it would require a long course of application, I should be afraid to try any preparation, containing mercury. According to my experience, parents almost always try stimulants before bringing their children for professional treatment.

Mr. COLE recommended to Mr. Diamond the daily use of the vapour-bath.

The PRESIDENT. I may take the opportunity of mentioning, that in cases of herpetic ringworm I have rubbed the black ointment which Mr. Guthrie dabs with success into the eyes of most persons who come to him, and cured the complaint. A cuticular desquamation has followed the application, and there has been no return of the disease.

Mr. GOSSETT said, that the remedial effects of local applications to the head were frequently prevented, by washing the head so often, that the remedies were removed before they could act. They should be washed but twice a week, keeping the head cool, and getting rid of the heating and injurious oil-skin cap which was generally worn by patients of that description, substituting for it—if they must hide the head—the skull-cap. (*A pause.*)

Dr. WHITING. I trust that the subject will not be wholly dropped. Skin diseases are not brought forward so often as they ought to be in the medical societies.

The PRESIDENT. Why if medical gentlemen wish to get into favour with the ladies, they cannot do better than learn successful modes of treating cutaneous maladies.

Dr. WHITING. There is one complaint on which I am very anxious to obtain information. What is the best treatment of the chronic form of *eczema rubrum*,—one of the most common diseases in practice, both amongst children and adults,—and a very distressing one—keeping the patient awake at nights by its irritation, tempting to perpetual scratching, much disfiguring the face by scabs, and in some instances, resisting every means of cure which I have employed? I think it is a constitutional disease, and not merely a local one. The acute form is much more easy of cure. I have found small doses of tartarised antimony, from the fifteenth to the tenth of a grain every three hours, with frequent warm ablution, the best means of those which I have hitherto tried in this affection.

Mr. GOSSETT. When it is a rash, I should merely employ a cooling internal treatment; when it is scabby, I would use the linseed oil and lime water. (Mr. G. also spoke highly of the decoctum dulcamara in such cases, and the use of warm baths.)

Dr. WHITING. I have found the decoc. dulcam. alleviate the disease, but not cure it. Of all common diseases this one puzzles me the most.

The PRESIDENT.—In very obstinate cases, the oxymuriate of mercury has been very useful with me,—the one-eighth or one-tenth of a grain for an adult.

Dr. WHITING. I have tried moderate doses of mercury with a great aggravation of the disease, though, certainly, less doses might have been useful. With regard to warm bathing, I am always loath to direct

it, because if it be not used with the greatest delicacy and nicety, it does harm instead of good. It should always be made to feel cool to the irritated and heated surface, and then it will secure a good night's rest to the patient, suspending for a time the morbid action of the skin. If you can be assured of the discretionary use of the bath, it may be rendered an advantageous accessory to internal remedies, but not else.

Mr. CLIFTON. In chronic cases, I have found alterative doses of mercury very useful.

Mr. BURT. Has Dr. Whiting ever tried the hydrocyanic acid?

Dr. WHITING. Yes. Sometimes with good effect, and sometimes without.

The PRESIDENT. Have you ever painted the surface with the tincture of iodine?

Dr. WHITING. I have, and uselessly. I have also tried the nitrate of silver, and many other such remedies, all without benefit in some cases.

Mr. ROBARTS. I had a case in which the black-wash cured the disease in a month.

The PRESIDENT. The suggestion may be useful. We all know that the black wash will sometimes act like a charm upon ulcers.

The hands of the clock were at half-past nine, so with a hope from the President that as the next evening was the last of the session, the attendance would be very large, the meeting adjourned. Six new members were admitted to-night.

The Committee of the Naval and Military Museum, Great Scotland Yard, Westminster, are in want of a scientific curator at an annual salary of 120*l.*, and a free residence. The circumstance was this evening advertised to the Society, by a letter from the managers of the new institution.

EXPOSURE OF MUCOUS MEMBRANE.

A CASE recorded by Mr. Earle, sufficiently proves that exposure for no length of time will suffice to make true mucous membrane assume the appearance of skin. It is that of a case of congenital defect of the anterior parietes of the bladder and abdomen, where the posterior vesical surface is continuous with the skin of the abdomen, and is of course constantly exposed. The subject of this malformation, which, through the kindness of my friend Mr. Ward, house-surgeon of St. Bartholomew's, I had lately an opportunity of examining, is now (1832) arriving at the age of puberty, but the mucous membrane still retains all its primitive and essential characters.—*Dr. Paget. Edin. Jour.*

THE LANCET.

London, Saturday, May 25, 1833.

HAVING noticed last week, in a corresponding part of our journal, the most interesting papers of the last published No. of the *Annales d'Hygiene* (No. XVIII.), we proceed to the analysis of the remaining articles which deserve attention.

POISONOUS CONFECTIONARY.

The first contains an important proof of the danger of permitting the sale of articles of sugar confectionary coloured by poisonous pigments. This subject had long attracted the attention of the medical profession in France, and through their exertions active measures were taken by the police to put a stop to the pernicious practice. About two years since, the existence in England of the same danger, and that to an enormous extent, was signalized in a memoir by Dr. O'SHAUGHNESSY, which we published in our 402nd Number. In that paper the Doctor showed by a multitude of specimens taken from the establishments of the chief wholesale and retail venders of London, that at least one half of the coloured sugar confectionary sold in this city, was tinted by mineral and vegetable poisons, viz., the reds by the sulphuret of mercury and red lead; the yellows by the oxide of lead; massicot, chromate of lead, Naples yellow (which contains antimony), and gamboge; the green by copper, the arsenite of copper, Scheele's green, Schweinfust green, &c.— Parents, indeed, are but little aware of the fact, that the illnesses which they so often notice in their children after eating these articles of confectionary, frequently depend on the action of a mineral or a vegetable poison, and not on the indigestion to which it is vaguely attributed.

The case now published in the *Annales d'Hygeiene*, will, we trust, have its good

effects, and lead some influential "parent" to entreat the municipal authorities to suppress the sale of the showy, but poisoned, baits which are exhibited in every confectioner's shop in London. Let our magistrates listen to the following:—A servant having made some improper proposals to a child, and fearing he would tell his parents, gave him a quantity of comfits to ensure his silence. The poor child ate the comfits, was soon afterwards seized with pain and violent vomiting, and died in a few hours. The analysis of the vomited matters, and contents of the stomach and small intestines, was performed by two distinguished chemists—MM. DEVERGIE and BARUEL—and *copper* found in considerable quantities. It is deserving of special attention, too, that the *quantity* of copper found in the small intestines was much smaller than that in the stomach. This, we repeat, is remarkable, as a strong proof that the presence of the metal was independent of its normal existence in the tissues of these organs, or in the articles of food recently consumed. The researches of M. SARZEAU in France, and of Dr. O'SHAUGHNESSY in England, have now placed beyond a doubt the presence of infinitesimally minute quantities of copper in the majority of animal and vegetable structures. Hence in our analyses in suspicious cases, we must always note the precise quantity of the metal found separately in each organ, and if the quantity be only infinitesimally small, no positive inference of poisoning can be made with safety. The rules to be followed in the analyses, and in the mode of ascertaining the precise quantity of the poison detected, have been described minutely in the paper of Dr. O'S. already referred to.

DEATHS FROM ARSENIC AND CHOLERA.

The next article is one which, like the preceding, involves considerations of serious interest. Every person is aware that in a great majority of the ordinary trials for poisoning by arsenic, the defence has consisted in an endeavour to attribute the event to cholera, that is, to the ordinary species of cholera, for since the eruption of the oriental disease we are not aware that any trial of this description has taken place. Previous to the occurrence of the epidemic disease an attempt at *absolute* diagnosis was made, on the grounds that in cholera there were no "*bloody*" stools or vomiting, and that it did not prove fatal in less than twelve hours. How the epidemic has overthrown this ever futile destruction, every one who has seen fifty cases of epidemic cholera must at once perceive. Symptoms, consequently, cannot any longer decide either the negative or the affirmative of the question, when death takes place in a few hours. Neither do collateral circumstances apply as forcibly now as they did once to the elucidation and unravelling of the cause of suspicious accidents. Dr. CHRISTISON, the best of all contemporary toxicological writers, whether British or continental, at the period of the publication of his last edition (1832), justly laid much stress on the circumstance of several persons being attacked nearly simultaneously after a meal, and especially where one member of the family was on bad terms with the rest. The epidemic cholera has upset this species of evidence too. During the prevalence of the malignant cholera in London, we visited a family, the members of which were living in a state of extreme domestic dissension. Four of its members sat down to dinner in good apparent health at two p. m. Before six a.m. three of the four were attacked by cholera. One, the father, had his stools tinged with blood, and he died with vomiting, purging, horrible cramps, and, without blueness, in seven hours. The mother had but slight incipient symptoms, but she fell into an anomalous nervous

state, and died in four days. The third, a daughter, suffered severely from cramps, bilious vomiting, and diarrhœa, with prostration, &c., she recovered the next day. Lastly, the son, the "mauvais sujet" and reprobate of the family, suffered no symptom whatever. Strong suspicions were excited by the affair, but a minute investigation led to such ample proofs of the operation of the epidemic, that these suspicions were completely allayed. We suppress the details of the investigation, in order to have space to notice the case of cholera, suspected to be poisoning, which is related by MM. ORFILA and BARUEL in the paper before us. It was one of the first deaths by cholera which occurred in Paris on the outbreak of the epidemic. The victim was a child, and it was supposed that its death resulted from the administration of *eau de javelle*, or *chloruret of soda*, a bottle of which was found in the parents' possession. To elucidate the question, chemical analysis was appealed to, and some matter spat up by the child, and the contents of its stomach and bowels, were submitted to examination. We subjoin the experiments made on the salivary matter, as they exemplify some recent improvements effected by M. ORFILA in this branch of medico-legal analysis.

"The matter in question consisted of about half a drachm of viscous, whitish fluid, of a disagreeable smell. Diluted with water, it was tested by the addition of a minute quantity of sulphate of indigo. No change of colour in the reagent was produced. Another portion of the fluid was subjected to the action of sulphuretted hydrogen, without any change of colour. Lastly, a small slip of pure silver was left in the fluid for twenty-four hours, and when removed was still quite brilliant and polished, and did not change its colour on exposure to the sun." "The fluid was then evaporated to dryness, and the residue treated with absolute alcohol. The evaporated tincture was free from any bitter taste, and did not change colour on the addition of nitric acid. The substance examined, consequently, did not contain any trace of mineral or vegetable poison."

A similar examination was made of the contents of the stomach and intestines, and with the same negative results. MM. ORFILA and BARUEL therefore concluded, that death was the effect of a natural disease—probably of cholera.

THE humbug of the *mongrel* concours of Paris is still enacted every alternate day, to the great annoyance of the jury, an adequate portion of whose members feel thoroughly ashamed of the part they are condemned to play by their jesuitical masters of the court of LOUIS PHILIP.

The three last sittings were relieved, however, by some amusing incidents. On Monday, the 14th inst., it became M. GIBERT's turn to lecture, and he, feeling that he was not possessed of enough of *coterie* influence to ensure his appointment to a future professorship as a reward for silent submission now, adroitly seized the opportunity which was offered him at the conclusion of his brilliant lecture, and terminated it by this unexpected sentence: "Having now taken my part in the pre-"tended struggle, I retire from the con-"cours; I may do so without discredit, "since the Professor was appointed be-"fore it commenced!" A clap of thunder could not have astonished the jury more than this unexpected rebuke, and the salvoes of applause it elicited from the audience. On Wednesday, M. SANDRAS had his turn. Less adroit than his predecessor, he *commenced* by stating that he would have retired before, had not the jury refused to read his protest, and that he now took the opportunity to *speak* it. The PRESIDENT rose, and desired the candidate to confine himself to his clinical lecture. M. SANDRAS persisted, and was again interrupted with the threat, that the meeting would be dissolved. The Gallic blood of the candidate then kindled. He flung defiance at the jury and

their masters, declared that he was not fool enough to take a submissive part in a concours where success was "*arithmetically*" impossible, and that the whole affair was mere "comedy and grimace." This was too much for the jury. The meeting was dissolved by the PRESIDENT amidst tumultuous applause for the frankness of the candidate, and loud hootings on the retreat of the jury. ORFILA then mounted the tribune in a rage, and bestowed some frothy abuse on the audience and the press, which was listened to with a degree of patience to which his scientific reputation was his only title. The last sitting took place on Friday. M. CASIMIR BROUSSAIS had to lecture. He, too, commenced with his protest, which was loudly cheered. Although interrupted by the PRESIDENT, M. BROUSSAIS' name procured him more attention from the jury, and his lecture was allowed to proceed.

How will all this terminate? In the abolition of the concours in France. How can that be prevented? By the second expulsion of the Jesuits who, in the disguise of "Doctrinaires," are gnawing to pieces in detail every liberal institution which France still possesses.

IN another part of THE LANCET, the reader will find a report of a short conversation which took place in the House of Lords on Monday se'nnight. It arose out of a question which was put to the SECRETARY of STATE for the HOME DEPARTMENT, by the Duke of HAMILTON, the object of the inquiry having been to ascertain the extent of the remedy which Government purposes to adopt, in order to remove the defects of the Apothecaries Act.

We perceive that the reply of Lord MELBOURNE has occasioned much dissatisfaction—a feeling in which we cannot participate. On the contrary, we are rather pleased than otherwise with the remarks of the noble Lord, inasmuch as they prove that he is acquainted with the subject then discussed. This is saying a great deal, considering that our legislators hitherto have proved themselves to be quite innocent of the charge of understanding the subject on which they have designed to frame senatorial measures for our protection. Lord MELBOURNE—and we rejoice at the circumstance—observed that there were "conflicting interests," and that the subject is one of "difficulty." This acknowledgment furnishes a lesson of so much importance, that it will not, we trust, be lost sight of either by his Lordship's colleagues, or by his brother peers.

Yes. There *are* conflicting interests amongst the medical corporations. And by whom were they created? How arose the conflict between men who should have been influenced only by one feeling? Who was it that divided medical practitioners into sections, branches, and factions? Why (Lord MELBOURNE must be told the truth), our past senators—boroughmongering legislators, and boroughmongering privy-councillors. But the system, the *system*, is of rather ancient date, as the charter of the College of Physicians was granted by HENRY VIII. and his Council,—that of the Worshipful Company of Apothecaries, on which the Act of 1815 was granted, by JAMES I. and his advisers,—and the charter of the College of Surgeons, which was obtained in 1800 from GEORGE I. and the Tories, is founded on on act which passed the Legislature in the reign of GEORGE II.

Rejoiced are we, then, at hearing it stated by the SECRETARY of STATE for the Home Department, that there are "conflicting interests" to deal with, and that the subject is beset with difficulties—the obstacles and the points of conten-

tion all having one common origin—BAD LEGISLATION AS REGARDS MEDICAL LAW.

Here, then, is a beacon to the present Government, which ought to guide them into the right course, and enable them to avoid all the shoals which have rendered worse than useless the investigations and labours of their predecessors. Now that the conflicting interests are *seen*, will ministers try with a bold hand to sweep away the sources of contention, or will they, by supplying additional and stronger instruments to the struggling parties, thus tend to give perpetuity to the strife? We cannot believe that such mad-brained policy will either be conceived or sanctioned. The supposition would be a libel upon integrity and sagacity,—a censure upon ministers, and upon our Houses of Parliament, which circumstances in connexion with medical matters do not warrant. As we stated from the first, we are firmly of opinion, that Government is desirous of fixing the members of the medical profession in a station of first-rate respectability and consequent utility, and that Lord MELBOURNE and his colleagues are sincerely desirous of breaking up all those divisions, distinctions, and partial prerogatives, which, while they distract medical practitioners when engaged in their professional pursuits, tend, most materially, to the injury of the public, by chilling the ardour of medical and philosophical investigation.

The simple question is this: Ought any man to undertake the practice of medicine in the British dominions, who is unqualified, from a deficiency of knowledge, to be entrusted with the care of sick persons? That is the first question which is presented to the mind in this inquiry. The next is this: If he be so qualified, and receive a testimonial to that effect from a properly-constituted authority, ought he, in the first place, to be called by a title which implies that he is inferior in attainment to persons not better qualified than himself; and, secondly, ought he to be debarred by statutory enactment from exercising the duties of his profession, except in particular spo ts in thes dominions?

A common-sense answer to the two last questions will point to the necessity of rescinding all the restrictive arrangements with regard to practising medicine in particular localities, now enforced by the whole of the medical corporations. Is it not monstrous that a man should pay more for the right of practising medicine within seven miles of London than for exercising his skill at seven times that distance from town? And is it not yet more monstrous, that a man who is deemed legally qualified to practise medicine in England, should be held as legally disqualified from engaging in that professiou in Ireland? And, further, that a gentleman who holds the highest testimonials of qualification for practising medicine, from the chief University of Scotland, should be considered, in the eye of the law, as wholly disqualified from engaging in what is termed "the *lowest* branch" of medical practice in England? Yet such are lamentable facts,—such the ridiculous positions in which medical practitioners are placed by the conduct of by-gone governments. Well might Lord MELBOURNE exclaim, that "the subject was beset with difficulties,"—an exclamation, however, which will be repeated with tenfold force by some future Home Secretary, if ministers do not apply themselves in right earnest to destroy the sources of that sordid appetite by which the heads, or rulers, or controllers, were so long excited and influenced.

As it is neither to be expected nor desired that a measure should be introduced to Parliament, entitled "A Bill for the "immediate annihilation of the Royal "College of Surgeons in London, and the

"Worshipful Society of Apothecaries in "London, and all other now-existing me-"dical and surgical colleges in the Bri-"tish dominions,"—we look forward only to the passing of an enactment which shall abrogate the pernicious powers conferred on the various colleges by existing laws, and to the formation of such grand national establishments as shall, by their superior operation, either drive the present contemptible bodies beyond the sphere of medical government and mischief, or induce their directors to work up to the noble models before them, emulate the bright examples, and thus labour for the general good. By the institution, upon a just and comprehensive foundation, of a LONDON FACULTY OF MEDICINE, an EDINBURGH FACULTY OF MEDICINE, and a DUBLIN FACULTY OF MEDICINE, each enjoying like privileges, each securing like competency of medical attainment in practitioners, and all holding out the like friendly support to the scientific investigator,—the law would be made to harmonise throughout the United Kingdom, existing anomalies would be abolished, and the practice of medicine secured on a basis which would lead to the production of the greatest national advantages.

Why should the existing colleges oppose the formation of such institutions? In their opposition do we observe evidence of *generous*, or of *ignoble*, feelings? If they contend that they possess advantages of which they ought not to be deprived—advantages which are peculiar to themselves—then we hesitate not to tell them, that the existence of such unjust privileges furnishes the strongest possible grounds for legislating anew, and for framing measures which shall operate for the benefit of the whole of the profession, and not for particular individuals. The acknowledgment that such partial privileges are enjoyed, amounts, in fact, to a declaration that the law has miscarried—that it has not answered the end of its designers; for the preamble of every charter and Act of Parliament relating to the practice of medicine, indicates, in express terms, that the measure is intended to operate for the benefit of the profession as a body, and not for the exclusive advantage of the individuals who are to be intrusted with its details. A wise, prudent, sagacious minister, would find a sufficient reason for altering the law in the palpably-interested opposition of the monopolists. If the heads of the corporations are benefiting, and greatly too, by the existing state of things, why are they setting every power in motion to avert the demanded change in medical law? We tell them that their views are narrowed down to the dimensions of their own unsightly coffers, and each little knot of creatures now invested with the insignia of office, would as willingly yield up his breath, as the power which he exercises, or can exercise, of perplexing and worrying his professional brethren. The Apothecaries Company, for example, not content with a five-years' apprenticeship for students, have issued rules for the regulation of the conduct of physicians at hospitals and infirmaries, than which proceeding nothing on earth was ever more preposterous. Glorying in the privilege which they possess under the Act of 1815, for preventing physicians and surgeons from preparing the medicine which they prescribe, they have treated the whole profession with insult and marked contempt. The prosecution of the member of the College of Surgeons, on account of having supplied their patients with drugs, is one of the grossest insults that was ever offered to an intelligent and respectable body of individuals. Will the Legislature permit the continuance of such outrages against public decency, and all the rules of professional decorum and propriety? We cannot believe it. The thing is im-

possible. But still we would enjoin on the Government the necessity of viewing the question in all its bearings, ere the slightest change is made in the existing statutes. By legislating without adequate inquiry, the old errors would be repeated, as partial and not general interests would be consulted. Rash legislation is often worse in its consequences than that which is founded in corruption, for while the motive is bad, the sphere of its operation is generally limited; whereas by attempting to promote the *general* good, the inconsiderate sanction of an apparently beneficial, but, really, a pernicious, principle, ends in a general, and not in a partial injury.

We repeat, there is no immediate hurry. The laws as they now exist have been in operation at least eighteen years. THE LANCET, from the first week of its existence, has been urging the necessity of effecting a great change in those laws. But the pressure of the evil is not worse now than it was when we first commenced our labours. Surely the time which may be devoted to inquiry will not be ill-employed. If all questions relating to medical law be but imperfectly understood by the members of the profession, who have read so much on the subject, how is it to be expected that the members of our legislature, who, possibly, have never perused a single sentence relating to the laws of the profession, should be competent to prescribe, not only for the removal of existing abuses, but for establishing the profession on such a basis as shall secure its permanency and utility? The investigation demands attention, labour, and knowledge, and ministers must be resolved to put out from their councils the HALFORDS and the BRODIES. These are the creatures of the system. To them the existing arrangements appear to be the most perfect that could be devised by human ingenuity. Hence, we will earnestly impress upon ministers, the propriety, the duty, of seeking for disinterested testimony, and not allowing their minds to be biassed by the prejudiced opinions of individuals who are virtually incapable of forming just opinions on questions of medical law,—not only from their profound ignorance on the subject, but from the peculiar position which accident, rather than talent, has enabled them to occupy.

In short, as, we firmly believe, ministers are desirous of acting honourably towards the profession and the public, they have only to act with prudence and FIRMNESS, to enable them to carry a measure which shall confer innumerable blessings on all succeeding generations.

Graphic Illustrations of Abortion and the Diseases of Menstruation, consisting of twelve Plates, from Drawings made on stone and coloured by Mr. J. PERRY, *and two Copper Plates, from the Philosophical Transactions, coloured by the same artist. The whole representing forty-five Specimens of Aborted Ova and adventitious Productions of the Uterus; with Preliminary Observations, Explanations of the Figures, and Remarks Anatomical and Physiological.* By A. B. GRANVILLE, M.D., F.R.S., &c. London: Printed for the Author. 1833. 4to. pp. 73.

HAVING received an early copy of this work, we feel called upon to notice it at once, on account of the extraordinary and unparalleled beauty of the plates. As coloured productions, and for fidelity of execution, they certainly stand unrivalled, and the volume will prove not only an elegant and brilliant, but a most useful ornament of every medical library in which it may be placed. We may observe, that the literary portion of the work is written with marked perspicuity, but we have not yet had sufficient time to reduce to writing such an analysis of the volume, as the importance of the subjects discussed, the manner in which the author has investigated them, and the light he has thrown on the phenomena of abortion and generation, demand from us. With this brief notice of Dr. Granville's work, and the labours of the artist by whose admirable pencil his researches have been so felicitously illustrated, we close our remarks for the present week.

MEDICAL REFORM.

House of Lords, Monday, May 13th, 1833.

(From *The Times* of Tuesday, May 14th.)

"The Duke of HAMILTON wished to put a question to the noble Lord at the head of the Home Department, upon a subject which had already been before the legislature, and which he felt it his duty to mention to his Majesty's ministers, with a view to its alteration. The subject to which he alluded was the Apothecaries Act, which pressed very heavily on an important portion of the community—the Scotch Medical Practitioners. He hoped the Government would speedily take it into their consideration, and that the existing law would be speedily revised.

"Lord MELBOURNE said, that the subject was one deserving consideration, but it was not so easy or narrow a matter for consideration as might be supposed. There was much of difficulty, arising from conflicting interests, for, as far as he understood, an Edinburgh diploma would not enable the parties holding it to practise in Glasgow, and *vice versâ*, and, therefore, when there was no reciprocity between those two Universities, it was not surprising there should be none between this metropolis and those universities. The Scotch diplomatists were not in a worse situation than were those holding the diplomas of the College of Surgeons in London, who could not practise as apothecaries without a license from the Hall.

"The Duke of HAMILTON conceived it to be a great hardship to call upon medical men, who had received a liberal education, both general and professional, to ask a license from a body formed of persons whose principal qualification was a five years' apprenticeship in an apothecary's shop.

"Lord SUFFIELD inquired, whether the London diplomatists had, in Edinburgh, the same facilities for practising as were enjoyed by the Scotch practitioners in this country.

"The Duke of HAMILTON was not prepared to answer that question."

INQUEST AT HORNCASTLE.

LETTER FROM DR. VEITCH.

To the Editor of THE LANCET.

SIR,—As I receive THE LANCET monthly, it was not till yesterday that I saw the Number in which my professional character is attacked; I might perhaps complain of the comments of the Editor on an *ex parte* statement,* but I rely on your justice to insert a simple account of the truth of the case.

I received a message from a magistrate by a constable, requesting me to inspect the body of a child which the constable told me had been found buried in a field about a mile from Horncastle, and seemed to have been murdered. I went with the constable to a public-house where the body was, impressed with this message, and wholly ignorant by whom it had been buried. I saw a bundle of hay and sacking, tied round with string, and on opening it, found the body of a full-grown child, having the appearance, on the first momentary inspection, of a contusion on the head. Full of the intelligence conveyed by the constable, corroborated by these and other appearances of violence, I exclaimed at once, "This child must have been destroyed," or words to that effect. I was proceeding to examine it, when the constable, who was the only person present, told me (of which I had before no notion), that it had been taken in a gig and buried in a field near Dalderly by Mr. Ward and Mrs. T. Fawssett (which was the fact). On hearing this, I think I acted as right feeling would prompt any medical man to act towards another. I desisted from examining the body, and went first to the house of the vicar, whom I consulted on the subject, and from thence immediately to that of Mr. Ward, whom I accompanied to the magistrate's office, when he gave an explanation, with which a magistrate who was present was satisfied.

From the above account, you will perceive, that even if I had seen this child (as stated two years before) as a preparation, it was wholly impossible that I should recognise it in the circumstances under which it met my eye at the public-house. Whether I had done so or not, I am uncertain, nor can it in any way affect my character. But when it is added that it appeared in a minute autopsy, that there existed neither bone nor spinal marrow, I beg to explain that no such inspection took place during the inquest, and that not one of the medical men there present would swear that the child could not have breathed, which is all that is requisite to exculpate me from the imputation of ignorance, which, I suppose, it is intended to convey in consequence of my first exclamation on sight of the body, and when, as I have already said, no one was present but the constable; nor did I ever again either publicly or privately

* It surely is not correct to designate the common newspaper report of an inquest, whence our information was derived, an "*exparte* statement."—ED. L.

make any such allusion. If such inspection took place, it was after the inquest; and I can only despise the pitiful malignity which thus proved the conviction of those who instituted it, that they had failed in their attempt to blast my character. I have thus, Sir, confined myself to those facts which affect my own character, and have expressly avoided attacking others. But I must add, that I have by me the means of proving, that the whole statement which has been communicated to you is grossly prevaricated, and in more than one instance absolutely contrary to the truth. I am, Sir, yours, &c.

A. VEITCH, M.D.

Horncastle, May 4th,* 1833.

MIDDLESEX HOSPITAL.

FEMORAL HERNIA, WITH A DOUBLE HERNIAL SAC.—OPERATION PERFORMED BY MR. TUSON.

MARY MONTAGUE, æt. 37, was admitted into Bird's Ward on Thursday evening, April 18th, with femoral hernia on the right side.

She stated that she had been ruptured for the last seventeen years, and that the swelling had existed more or less during that period, but had never entirely disappeared. She had been treated for peritonitis previous to admission, and had various leeches applied, and also a blister. Her countenance was pallid, and expressive of much anxiety and constitutional depression. Great pain and tension of the abdomen existed, with frequent stercoraceous vomitings. Pulse small, quick, and sharp, but not hard. When the tumour was pressed, she experienced very great pain at the umbilicus. Every effort was made to return it, but without success. She was then placed in the warm-bath, and the taxis was again tried, but without avail. It should be observed that the hernia had been down since Saturday, and she first felt inconvenience on Monday, after nursing a heavy child, from which time to her admittance she became gradually worse, and had been vomiting more or less during the whole time. The bowels had not been relieved since the Friday.

In the absence of Mr. Mayo, surgeon of the week, a consultation was held between Mr. Tuson and Mr. Arnott, when it was decided that the only chance of relief was to be derived from the operation. The patient having been informed of this opinion, consented, and at about one o'clock on the Friday morning, Mr. Tuson made an incision over the tumour. The skin being pinched fairly up between the fingers, was divided, and the fascia superficialis cut through by introducing the director beneath it. Several layers were, in like manner, divided, until the sac was observed, which was then carefully opened, and discharged above half an ounce of serum. Within this sac a very curious tumour was observed. It appeared as if one small tumour arose from a larger, and that from the lower or inner one a small appendix descended.

Upon examining this unusual appearance, it was found to be thick and very vascular, and, in some respects, led the surgeons to believe, that it was a portion of one of the large intestines, much thickened by remaining so long in the sac. The stricture was next divided, by introducing a bistoury on the inner side of the tumour, and dividing the crescentic arch, or third insertion of the external oblique muscle. The tumour was then pressed, when a part of its contents was returned, but still a considerable portion remained, unable to be reduced. It was, therefore, thought advisable to make an incision into the tumour, particularly as it appeared impossible for the intestine to resume its functions. There were several strong bands of adhesion, binding it down to the adjacent sac. An incision was therefore carefully made, when it was found that this was the true sac, and that the intestine was situated within it; but there was not the slightest appearance of fluid. The intestine presented a highly vascular appearance, not dark-coloured, and it was therefore returned into the abdomen, the stricture having been divided by the former incision. The lips of the wound were then carefully brought together, with two sutures, and a compress and roller were applied, when the patient was ordered to take castor oil ʒoj, immediately, and a common injection was administered three hours afterwards.

April 19th, ten a.m. Bowels have not been opened; much swelling over the abdomen; pulse 100.

℞ *Epsom salts* 4 drachms; *saline draught* immediately.

℞ *Epsom salts* 1 drachm; *saline draught* every four hours.

Common enema to be administered immediately.

Twelve o'clock. Bowels had been moved twice; great pain and tension of abdomen; much anxiety of countenance; pulse 120.

℞ *Leeches*, 16 to the abdomen.
Calomel 2 grains, every eight hours.

* Received on the 17th instant.—ED. L.

Ten p.m. Bowels had again been opened; pulse 100; abdomen neither so painful nor so tense; much anxiety of countenance; great difficulty of breathing; respiration 30. Complains of great sinking and want of sleep.

℞ *Solution of the acetate of morphia*, 20 drops;
Camphor mixture 1 ounce. Make a draught.

Saturday, 20th, ten a.m. Countenance much improved; does not complain of pain unless the abdomen be pressed; bowels have been opened once during the night; pulse 88; respiration natural. *Effervescing draught* every four hours.

One o'clock. Pulse 100, full; tenderness over the abdomen, increased upon pressure; much anxiety of countenance. *Leeches*, 12, to the abdomen.

Eight o'clock p.m. Bowels not relieved; pulse 100.

℞ *Castor oil*, 6 drachms immediately.

Ten o'clock. Pulse 100; much anxiety of countenance; bowels not relieved; respiration laborious and frequent.

℞ *Compound Ipecacuanha powder* 8 grs.; *Calomel* 2 grains immediately.

℞ *Saline draught, Epsom salts*, 1 drachm every fourth hour.

Sunday, 21, eleven o'clock a.m. Bowels have not been opened; much anxiety of countenance; great tenderness over the abdomen. Continue the *saline draught* and *epsom salts*.

Two o'clock p.m. Bowels not relieved; pulse 120, full and strong; anxiety of countenance increased; also the pain and tension over the abdomen; had vomited during the morning stercoraceous matter. *Bleeding* to 12 ounces; *Castor oil* 6 drachms immediately; continue the *saline draught* and *epsom salts*.

Ten p.m. Bowels have been very much relaxed. Complains of much pain about the abdomen; pulse 130. The blood that was taken from the arm was much buffed and cupped.

℞ *Aromatic draught* 1½ ounce; *Tincture of opium* 25 drops, immediately.

22nd, four o'clock a.m. The house surgeon was called up. Pain in the abdomen much increased; countenance expressive of great anxiety; pulse 130, full and strong; bowels purged. *Bleeding* to 4 ounces, when she fainted. *Leeches* 12 to the abdomen.

From this time she gradually sunk, and died at about eleven o'clock.

Post-mortem Examination.

The body was examined on the following day. On opening the abdomen, the intestines were found to be very much distended with fluid and flatus, and generally inflamed; more so in some parts than others; the stomach particularly distended. On examining the portion of intestine which was contained in the hernial tumour, it was found that it had never recovered itself after the relief of the stricture; that at one part it had sloughed, and a portion of its contents was discharged into the abdomen. It was of a dark mahogany colour, and was that part which was opposed to the seat of stricture which had given way.

UNIVERSITY OF LONDON.

Monday, May 20th, 1833.

DISTRIBUTION OF MEDALS, &c. TO THE MEDICAL STUDENTS.

One of the great theatres of this institution overflowed with students and visitors on Monday morning last, on occasion of the presentation* of medals and certificates of honour to the medical pupils of the University. Lord John Russell officiated as chairman, having the Duke

* It is an error, by-the-by, to say, that the prizes were *presented* to the students. The students took them from the table on which the chairman placed them. If there were any persons present who had never seen a "Lord," and had been led to expect that a gentleman holding that title was—not perhaps more virtuous or more learned than the common run of men, but better bred, and had his manners formed into a better style than those of mankind in general,—if there were any such persons, they must have been greatly disappointed at the exhibition made by Lord John Russell on Monday. It is really the fact, that his lordship, who was specially appointed to give the students the insignia of merit, never placed one of them in the hands of the young men, but having taken them from the officer of the institution, gazed vacantly at the student, wagging his under jaw to the tune of some disjointed and often unintelligible sentences, laid the medal and certificate half way between him and the pupil, and resumed his seat again, without even shaking the gentleman by the hand. It is due to his lordship, however, to say, that his brief address was happily conceived on two or three occasions, but not oftener. What a contrast did the "distribution" of Lord John offer to that of the refined and intellectual exhibition presented by the accomplished Sir James Graham two years previous! But we look forward to more felicitous chairmen for the future,—dropping a hint that at all times such an institution as the London University should rather seek to have its temporary chairs occupied by Presidents of high learning, and scientific acquirements, than mere possessors of courtly titles.

of Somerset on his right, and the medical professors occupying seats on either hand, the other professors of the University being present in front. A new interest was given to the meeting this year, by the admission of ladies—relatives and others of the teachers and students. A galaxy of these occupied the benches behind the chair, and nearly half of the remaining portion of the audience were also of the same sex. Some were excited to tears by particular portions of the scene, and all appeared gratified at the proceedings, a view of which they were for the first time in London invited to share.

The business of the day commenced at one p.m., by a brief speech from the chairman. It is not worth while to detail the precise order in which the distribution of the prizes took place. We shall perform a more useful task in conveying a clear knowledge of the mode in which the decisions were made, and do honour to the more successful students by recording their names in our pages.

At the conclusion of the chairman's speech, the Dean of Faculty read the report of the Medical Professors on the state of the medical school, which has this year given instruction to 297 students. It alluded to the advantages of the new hospital, the resolution of the Professors to appropriate all the fees received from the students to the support of the hospital, the flourishing state of the museum and library, the diligence of the pupils, and the propriety of an initiatory education suited to their medical studies. The principle on which the adjudication of the medals and certificates were to be awarded was then described.

On a certain day previous to the public meeting, the competitors assemble in a room of the institution, with pens, ink, and paper, but without books for reference. Lists of questions are then given to each on the several branches in which they have been instructed, and four hours are given them to reply in writing. The answers are then delivered to the professors with a motto attached to each. A second meeting is held at a later period of the day, when another set of lists is handed to the students, under the same circumstances, the interval being allowed for rest. Answers to these also being returned, the professors severally take those which are connected with their particular branches of instruction, and decide at home on their value,—some upon one principle, probably, and some upon another, ignorant of the names of the authors of either set of replies. Notice is then given to the Secretary of the University, of the mottos to which the medals and certificates are adjudged. The names of the students by whom each motto has been adopted, are only made known to the professors and the secretary at the public meeting in the theatre, when sealed letters, previously handed in by the students, with the mottos inscribed on the covers, and their names severally within, are opened, and each successful candidate is announced, who thereupon steps from his seat, if present, to receive the award.

The following was the list of questions proposed, and the decisions made, by the Professor of the Principles and Practice of Medicine,—Dr. Elliotson :—

Examination on the Principles and Practice of Medicine.

I. What are the various causes of mortification?

II. What are the chief remedies of dropsy, the circumstances indicating the use of, and the mode of employing, each?

III. What are the symptoms, varieties, and treatment, of purpura?

IV. What is the diagnosis between herpes and eczema, and what are their varieties and treatment?

V. What are the symptoms of acute and chronic glanders in the human subject?

VI. What are the various morbid appearances in the head after apoplexy, and what is their history?

VII. What are the symptoms, varieties, and treatment, of neuralgic affections?

VIII. What is the diagnosis between chorea, delirium tremens, and paralysis agitans, and what are the remedies of each?

IX. What are the symptoms, history, and treatment, of acute and chronic pleurisy?

X. What are the symptoms and anatomical appearances of the disease, absurdly called by Laennec, pulmonary apoplexy?

XI. What are the phenomena appreciable by the ear in diseases of the heart; and what state does each phenomenon indicate?

XII. What are the general symptoms, and what the local symptoms not appreciable by the ear, in diseases of the heart; and how far can the nature or seat of the disease be learnt from them?

XIII. What are the chief remedies of rheumatism; the circumstances indicating the use of each; and the mode of employing each?

XIV. Besides feculent, bilious, and mucous matters, what is ever known to pass from the intestines; and what is the origin of whatever may pass?

XV. What are the phenomena of diabetes mellitus?

Value attached by the Professor to the Answers to the above Questions.

Mottos adopted.

a Nihil expectans.
b Nunc aut nunquam.
c Inculta pacantur vomere sylvæ.
d Incipere multo est quam impetrare facilius.
e Nunc tempus equos; nunc poscere currus.
f Mors nobis tempus habetur iners.
g Ille potens sui lætusque deget; cui licet in diem dixisse—"Vixi."
h Ubi major labor, illic major voluptas.
i Quum tot ubique vatibus occurras.

References to Questions.	Values attached to each Answer.								
I.	*a* 0	*b* 1	*c* 2	*d* 4	*e* 2	*f* 5	*g* 3	*h* 3	*i* 3
II.	3	3	1	4	2	2	2	3	4
III.	0	0	0	3		4	3	4	4
IV.			1	2		4	4	5	5
V.	2	2	1	0	1	3	3	4	4
VI.	0	2	4		4	5	5	5	5
VII.		0	1		3	5	5	5	5
VIII.		2	4		4	4	5	5	5
IX.	0	1	1	4	2	5	5	5	5
X.	0	0	0	3	1	4	5	4	5
XI.	0	0	1	3	1	5	5	5	5
XII.	0	0	0		3	4	5	4	5
XIII.	0	0	1	1	0	3	5	5	5
XIV.	0	2	2		4	0	3	0	3
XV.	0	0	0		3	4	4	5	3
Totals.	5	13	19	24	30	62	57	62	66
	No award to these.					2nd Sil. Medal.	Certif. of Hon.	1st Sil. Medal.	Gold Medal.

Five was the highest No. awarded to any answer,—75 being, thus, the highest amount attainable by any student on the whole of the questions.

A blank denotes no answer.
0 A bad ditto.
1 A tolerable answer.
2 A good ditto.
3 A very good ditto.
4 A perfect one, or deficiencies fully compensated for by unlooked-for excellence.
5 Not only perfect, but displaying extensive knowledge of the subject.

The following are the names of the gentlemen who obtained gold and silver medals and first certificates of honour. We intended to publish the names of all the students who received certificates of honour, but the award of these was so numerous, that we cannot afford room for them, — the number of one class, for instance, that of chemistry, amounting to not less than twenty-six. We are glad to hear of so much merit, but are disposed to doubt that so extensive a distribution is judicious. As the line must be drawn somewhere, it should divide the list at a high number on the scale of values attached to the answers. The lower certificate-men will most probably be successful competitors for the medals at the close of another session.

ANATOMY.—*Gold Medal*, Mr. Charles Nossoc, London; *First Silver ditto*, Mr John Taylor, Huddersfield; *Second ditto*, Mr. Marshall Forster, Holywell, Bedfordshire; *Certificate*, Mr. George Knipe, Hereford.

PRACTICAL ANATOMY. — *Gold Medal*, Mr. William Baly, Lyme Regis; *First Silver ditto*, Mr. G. V. Ellis, Minsterworth, Gloucestershire; *Second ditto*, Mr. M. Forster, Holywell, Beds; *Certificate*, Mr. John Taylor, Huddersfield.

MATERIA MEDICA AND THERAPEUTICS.—*Gold Medal*, Mr. John Taylor, Huddersfield; *First Silver ditto*, Mr. W. Moorhead, Dungannon; *Second ditto*, Mr. J. Humpage, Bristol; *Certificate*, Mr. E. S. Hare, Birmingham.

PRACTICE OF MEDICINE.—*Gold Medal*, Mr. F. Taylor, Hull; *First Silver ditto*, Mr. M. Forster, Holywell, Beds.; *Second ditto*,

Mr. W. Baly, Lyme Regis; *Certificate*, Mr. J. Douglas, Bushey, Herts.

SURGERY.—*Gold Medal*, Mr. M. Forster, Holywell, Beds.; *First Silver ditto*, Mr. R. R. Cheyne, London; *Second ditto*, Mr. G. P. Gill, London; *Certificate*, Mr. Septimus Godson, Hook Norton, Oxfordshire.

MIDWIFERY.—*Gold Medal*, Mr. M. Forster, London; *First Silver ditto*, Mr. H. F. Hopkinson, Springdale, Yorkshire; *Second ditto*, Mr. S. Hadwen, Lutterworth; *Certificate*, Mr. W. Macdonald, Fort Wm., N.B.

CHEMISTRY.—*Gold Medal*, Mr. C. Maitland, Brighton; *First Silver ditto*, Mr. F. Rodgers, Windsor; *Second ditto*, Mr. A. J. Dixon, Hovingham, York; *Certificate*, Mr. J. Taylor, Huddersfield.

COMPARATIVE ANATOMY.—*Gold Medal*, Mr. H. Slack, Epsom; *Silver ditto*, Mr. G. Newport, Canterbury; *Certificate*, Mr. J. Ashcroft, Liverpool.

MEDICAL JURISPRUDENCE.—*Prize*, Mr. M. Forster, Holywell; *Certificates*, Mr. W. W. Webb, London, and Mr. T. Jackson, Hull.

BOTANY.—*Gold Medal*, Mr. T. H. Cooper, Lewes; *Silver ditto*, Mr. R. Harris, London; *Certificates*, Mr. A. Leggatt, Guildford, Mr. S. Hadwen, Lutterworth.

Many of the certificate-men were announced by the professors to be only within a shade of obtaining the medals.

The CHAIRMAN closed the proceedings in the theatre with a speech, complimentary to the students, first, and then to Lord Brougham as one of the founders of the University. The mention of the name of Lord Brougham, who, out of office, supported, and in office, seems to have deserted, this institution, occasioned a few slight murmurs in various parts of the theatre.

A procession was then formed to the piece of ground in front of the University, where the foundation-stone of the new Hospital was to be laid by the Duke of Somerset. The boys of the junior school headed the line, then came the students; then the professors, then the duke, and lastly the company—one thousand strong. The ceremony, which was of a very simple and unaffected description, was closed by a prayer from the Rev. Mr. Wordsworth, and three cheers from the spectators.

May the medical officers be elected by concours, the patients be quickly healed, and medical science be greatly benefited, is our hearty response.

BOTANICAL GARDEN, CHELSEA.

To the Editor of THE LANCET.

SIR,—The Company of Apothecaries have opened the Botanical Garden, Chelsea, for the free admission of Medical Students during the space of *three hours* each week, namely, from nine o'clock until twelve every Wednesday. Now, Sir, whilst I willingly acknowledge the advantages of privilege, I cannot help thinking that the Company might have extended the period of admission without any encroachment upon common liberality, or doing too much for science. In consequence of the distance of the garden from the different hospitals, and also the morning occupations of medical pupils, it frequently happens that many do not arrive there until the three hours are nearly expired, and even supposing that all were there punctually at nine, when one hour is deducted for the lecture, the remaining two are surely not sufficient to enable the pupil to acquire even a superficial knowledge of the numerous plants which *they* have to examine. If the garden were opened during the whole of one day, or only for an afternoon, the benefit which students might derive would be great, while the sacrifice on the part of the Company would be little or nothing.—I am, Sir, your obedient servant,

A STUDENT OF BOTANY.

May 13th, 1833.

ST. BARTHOLOMEW'S HOSPITAL.—ANATOMY PRIZES.—At he commencement of the present session, Mr. Skey announced to the Anatomical Class of St. Bartholomew's Hospital, his intention of giving *two prizes*—the principal of which was to be contended for by gentlemen in the second year of their studies, the other to be assigned to students then commencing their labours. The examination, which related to anatomy, physiology, and surgery, was conducted on the 3rd and 4th of the present month, Messrs. Kiernan, Partridge, and Skey, being the umpires. For the first prize there were three candidates, the successful one of whom was Mr. Protheroe Smith. For the second, two gentlemen contended, but the merits of their answers (delivered in writing) have not yet been decided upon.

NOTICE.—The printer has failed to furnish us with a sufficient number of impressions to enable us to give the lithographic sketch of Dr. Elliotson in the entire edition of our present number. Apologizing to our readers for the delay, we beg to announce that the appearance of the plate is merely postponed for one week.